



**Tiia Jalkanen**

**EMPLOYER IMAGE IN THE PUBLIC HEALTH CARE SECTOR – HOW TO ATTRACT  
POTENTIAL EMPLOYEES?**

Master's Thesis  
Department of Marketing  
May 2020

Unit Department of Marketing			
Author Jalkanen, Tiia		Supervisor Saraniemi, S. Professor	
Title Employer image of the public health care sector – How to attract potential employees?			
Subject Marketing	Type of the degree Master's degree	Time of publication May 2020	Number of pages 112 + 19
<p>Abstract</p> <p>Employees are one of the key resources of an organization, emphasizing the role of employer branding. Health care sector is one of the fields in Finland having lack of employees, such as doctors. Therefore, the public health care sector can gain benefits of branding to attract employees. However, employer branding and employer image in the public sector have hardly studied, and even less in the public health care sector. This creates a need for examining the external employer branding in the sector. Hence, this thesis aims to study how potential employees perceive the public health care sector as an employer. Also, the purpose of this thesis is to gain knowledge of which attributes potential applicants consider desirable. Furthermore, the thesis aims to study how the employer brand appears.</p> <p>The theoretical framework is based on branding in the public sector and external employer branding. The existing literature suggests external employer branding is built on three parts: employer brand associations, employer image, and employer attractiveness. Employer brand associations can be divided into symbolic and functional attributes affecting formulation of employer image. All together the factors have connection to the employer attractiveness. However, researchers also suggest, reputation affects employer attractiveness in addition to employer image in the public sector. Thus, a theoretical model is created based on the theory to study the relationships between the factors.</p> <p>In order to collect data for empirical analysis, a survey was designed incorporating closed and open questions. The survey was targeted to the medical students in the university of Oulu, receiving 93 responses. To analyse the data, statistical analysis but also qualitative content analysis was used. The results of data analysis showed, the respondents considered tasks, working atmosphere, opportunities for education and development, and opportunities for specialization as desired employer attributes in general. Further, the employer image of the public health care sector is not unambiguous. For instance, the sector was viewed as reliable and stable employer. At the same time, shortage of resources and rush casted a shadow over the employer image of the public health care sector. Moreover, extensive variety between different employers, such as hospital districts and municipals were pointed out, emphasizing the public sector does not have truly unified employer brand.</p> <p>The thesis provided also theoretical contributions and managerial implications. The theoretical contributions are related mostly to symbolic and functional employer attributes and their categorization, but also to sector branding. As sector branding is rather new concept, definition for sector branding was provided. Moreover, managers of public health care organizations can benefit of the results of this thesis. Especially the organizations that are having lack of doctors can utilize the results in order to start building employer branding activities. Lastly, validity, reliability and generalizability of the study was dealt with, but also limitations of the research and some future research suggestions were discussed.</p>			
Keywords employer branding, employer image, employer attraction, sector branding, public sector			
Additional information			

## CONTENTS

<b>1</b>	<b>INTRODUCTION.....</b>	<b>9</b>
1.1	Significance of the topic and motivation for the study .....	9
1.2	Characteristics of the public health care sector .....	12
1.3	Research objectives and questions.....	13
1.4	Research methods.....	14
1.5	Structure of the thesis .....	15
<b>2</b>	<b>BRANDING IN THE PUBLIC SECTOR .....</b>	<b>16</b>
2.1	Sector branding and brand management .....	16
2.2	Construction of public sector brand.....	18
2.2.1	Brand identity.....	20
2.2.2	Brand image .....	22
2.2.3	Brand reputation.....	25
<b>3</b>	<b>EXTERNAL EMPLOYER BRANDING .....</b>	<b>27</b>
3.1	Benefits of employer branding.....	28
3.2	Employer brand associations .....	29
3.3	Employer image.....	30
3.3.1	Functional and symbolic attributes .....	30
3.3.2	Psychological relation .....	32
3.3.3	Employer image in the public sector .....	33
3.4	Employer attractiveness .....	34
3.5	Theoretical model for the empirical examination .....	38
<b>4</b>	<b>METHODOLOGY AND EMPIRICAL RESEARCH .....</b>	<b>39</b>
4.1	Methodological approach .....	39
4.2	Research methods.....	40

4.3	Formulation of the questionnaire and the data gathering .....	41
4.4	Data analysis techniques.....	44
4.4.1	Descriptive statistics and reliability analysis .....	45
4.4.2	Qualitative content analysis process .....	47
5	RESULTS OF EMPIRICAL ANALYSIS .....	50
5.1	Description of the sample .....	50
5.2	Employer attributes .....	53
5.3	Employer image.....	56
5.3.1	Formulation of the employer image.....	56
5.3.2	Relationship between employer image perceptions and working experience.....	57
5.3.3	Influence of symbolic and functional attributes to employer image .....	58
5.4	Employer reputation .....	64
5.4.1	Relationship between year of studies and evaluation of employer reputation.....	65
5.4.2	Relationship between working experience and evaluation of employer reputation.....	66
5.5	Employer attractiveness .....	67
5.5.1	Relationship between employer image and employer attractiveness .....	67
5.5.2	Relationship between employer reputation and employer attractiveness .....	70
5.6	Results of qualitative content analysis.....	73
5.6.1	Perceptions of the employer image.....	73
5.6.2	Perceptions of employer reputation .....	75
5.6.3	Perceptions of employer attractiveness.....	78
6	DISCUSSION AND CONCLUSION .....	85
6.1	Answers to the research question and sub-questions.....	86
6.1.1	Potential employees' perceptions of the public health care sector .	86

6.1.2	Desired employer attributes .....	89
6.1.3	Appearance of the employer brand of the public health care sector.....	91
<b>6.2</b>	<b>Theoretical contributions .....</b>	<b>92</b>
6.2.1	Symbolic and functional attributes .....	93
6.2.2	Employer image, employer reputation and employer attractiveness .....	96
6.2.3	Sector branding .....	99
<b>6.3</b>	<b>Managerial implications .....</b>	<b>102</b>
<b>6.4</b>	<b>Reliability, validity and generalizability of the research .....</b>	<b>103</b>
<b>6.5</b>	<b>Limitations and future research suggestions .....</b>	<b>105</b>
<b>REFERENCES .....</b>		<b>107</b>

## **APPENDICES**

<b>Appendix 1</b>	<b>Accompanying email message to the survey .....</b>	<b>113</b>
<b>Appendix 2</b>	<b>Survey questionnaire to the medical students.....</b>	<b>114</b>
<b>Appendix 3</b>	<b>Descriptive statistics of the importance of employer attributes .....</b>	<b>119</b>
<b>Appendix 4</b>	<b>Descriptive statistics of the employer attributes affecting the employer image of the public health care sector .....</b>	<b>120</b>
<b>Appendix 5</b>	<b>The descriptive statistics of the public health care sector's employer image.....</b>	<b>121</b>
<b>Appendix 6</b>	<b>Pearson's correlation between variables of employer image and working experience .....</b>	<b>122</b>
<b>Appendix 7</b>	<b>Pearson's correlation coefficient between symbolic attributes, functional attributes, and background variables .....</b>	<b>123</b>
<b>Appendix 8</b>	<b>ANOVA of the symbolic and functional sum variables .....</b>	<b>124</b>
<b>Appendix 9</b>	<b>Pearson's correlation analysis of employer reputation and background variables.....</b>	<b>125</b>
<b>Appendix 10</b>	<b>Pearson's correlation between employer image, employer reputation, and employer attractiveness.....</b>	<b>126</b>

<b>Appendix 11 Result of ANOVA in terms of employer attractiveness and reputation.....</b>	<b>127</b>
<b>Appendix 12 Theoretical concepts and themes of the qualitative content analysis .....</b>	<b>128</b>
<b>Appendix 13 Example of coding process of the qualitative content analysis .....</b>	<b>129</b>
<b>Appendix 14 Examples of qualitative content analysis methods .....</b>	<b>130</b>

## FIGURES

Figure 1. Factors influencing organizational reputation and employer attractiveness in the public sector (from Bankins & Waterhouse, 2019). .....	19
Figure 2. External employer branding (adapted from Backhaus & Tikoo, 2004).....	28
Figure 3. The theoretical model of employer brand image in the public health care sector (adapted from Backhouse & Tikoo, 2004; Bankins & Waterhouse, 2019). .....	38
Figure 4. Process of qualitative content analysis. ....	49
Figure 5. Summary of the respondents' year of studies.....	51
Figure 6. Summary of the respondents' working experience from the health care sector. ..	51
Figure 7. Summary of respondents' preference of specialization. ....	53
Figure 8. Adjusted theoretical model of employer branding in the public health care sector. ....	93

## TABLES

Table 1. Summary of the dimensions regarding employer attractiveness.....	37
Table 2. Influence of working experience to importance of tasks. ....	54
Table 3. Influence of working experience to importance of working atmosphere.....	55
Table 4. Influence of working experience to importance of opportunities for education and development. ....	55
Table 5. Influence of working experience to importance of opportunities for specialization. ....	56
Table 6. Crosstabulation of respondents' working experience and employer image perceptions.....	58
Table 7. Crosstabulation of respondents' year of studies and evaluation of the symbolic attributes. ....	60
Table 8. Crosstabulation of respondents' working experience and evaluation of the symbolic attributes. ....	61
Table 9. Crosstabulation of respondents' year of studies and evaluation of the functional attributes. ....	62
Table 10. Crosstabulation of respondents' working experience and evaluation of the functional attributes. ....	63
Table 11. Crosstabulation of respondents' year of studies and perceptions of employer reputation.....	65
Table 12. Crosstabulation of working experience and perceptions of employer reputation. ..	66

**Table 13. Influence of employer image of the public health care sector to respondents' employer preference after their graduation..... 68**

**Table 14. Influence of employer image of the public health care sector to respondents' employer preference after their medical specialization. .... 69**

**Table 15. Influence of employer reputation of the public health care sector to respondents' employer attractiveness after their graduation. .... 71**

**Table 16. Influence of employer reputation of the public health care sector to the respondents' employer attractiveness after medical specialization. .... 71**



## 1 INTRODUCTION

Employees are one of the key resources of an organization that creates a need for valuing current employee relationships to maintain employee satisfaction and engagement (Alınçık & Alınçık, 2012). However, also the external perspective must be considered to attract competent employees in order to recruit them (Whelan, Davies, Walsh & Bourke, 2010) and thereby sustain the performance and improve competitiveness of the organization. According to Backhaus and Tikoo (2004) firms are increasingly using employer branding activities to intrigue candidates and ensure that the current employees are committed to the culture as well to strategy of the firm. In addition, employer branding is considered to be composed of three parts: developing a value proposition, external marketing of the employer brand, and internal marketing of the employer brand (Backhaus & Tikoo, 2004). This paper focuses on dealing with external perspective of employer branding.

As an employer, public health care facilities are competing with each other but also with the private sector for employees (Whelan et al., 2010). In general, wages tend to be lower in the public sector organizations compared to the firms operating in the private sector since the objective of public sector is to produce a specific amount of public services at low cost (Delfgaauw & Dur, 2008). This creates a need for employer branding as the public health care organizations cannot compete with the private sector in terms of salaries. Thus, additional methods are needed to attract and retain competent employees. This viewpoint is supported by Wæraas (2008) who suggests public organizations can benefit from marketing and branding efforts. In addition, it is suggested that organizations with strong employer brands can reduce the cost of employee acquisition, improve employee relations, increase employee retention and even offer lower wages for staff members compared to companies with weaker employer brands (Ritson, 2002 via Berthon, Ewing & Hah, 2005). These benefits can be similarly advantageous to the public sector as an employer.

### 1.1 Significance of the topic and motivation for the study

Employer branding is a current and interesting topic especially in the fields that lack of talented employees. The health care sector in Finland is one of those fields

competing of qualified employees. Related to this, shortage of doctors in health centers have increased in the past few years (Toikkanen, 2019). According to Lääkäriliitto (2018), especially areas such as Kainuu, North Karelia, Central Finland, South Karelia, and Southern Ostrobothnia were having lack of doctors in health centers in 2018. The lack of doctors in the health centers was between 14,2 % and 19,6 % in these regions. Although there has been shortage in other districts, it was less than ten per cent (Lääkäriliitto 2018).

However, the shortage has developed even more negative direction in one year and as a result the shortage of doctors have increased between 2018 and 2019. For instance, the lack of doctors has increased altogether 7,5 % but more specifically the shortage has changed *exempli gratia* from 19,6 % to 31,1 % in Kainuu, and from 15,2 % to 18,8 % in North Karelia. In total, the shortage of doctors in health centers were more than 10 % in seven districts. (Lääkäriliitto, 2019.) Although the shortage of medical specialist is smaller compared to lack of doctors in health centers, Tertsunen (2012) emphasizes that employment to regional hospitals and municipalities should be improved after medical specializing. Due to this, it is important to try to ensure that medical professionals will stay near by the area from where they have been educated. While medical professionals must be attracted to health centers, medical specialists should be intrigued similarly. Related to this, there is a clear need to find ways to improve employee retention and attraction to reduce the lack of medical professionals.

Furthermore, in recent years there has been a lot of public discussion about public health care services and how they should be developed. The public health care sector in Finland is struggling to sustain the capacity to provide high-quality services since the economic and human resources available are reducing, but also structural and organizational reconstruction has been under discussion (Hytti, Kuoppakangas, Suomi, Chapleo & Giovanardi, 2015). The government has tried to reform the social and health care sector in Finland for many years (Kotakorpi & Seuri, 2019). As the health care services will be reformed, it can be assumed that competition between competent employees increases. Because the public health care organizations in Finland are already lacking employees (Lääkäriliitto, 2019), the need for employer branding is evident.

Branding activities has been studied in the public sector during the past years as researchers have become interested in the subject in the public sector. This has reflected in empirical examination in different public organizations such as universities (Chapleo, 2008; Heer & Tandoh-Offin, 2015), libraries (Hood & Henderson, 2005), hospitals (Leijerholt, Chapleo & O'Sullivan, 2019; Sataøen & Wæraas, 2015), and municipals (Wæraas, Bjørnå & Moldenæs, 2015). However, considering these sectors, health care sector has received the least attention (Leijerholt, Biedenbach & Hultén, 2019). In addition to, Heilman (2010) points out relatively few actions has been done regarding employer branding and especially employer image in the health care sector this far. Thus, limited knowledge is existing of employer branding in the public sector. By examining the scientific articles related to employer branding in the public sector, relatively few publications were able to find. Hence, it seems the relationships between these theories is unclear in the literature this far. Related to this, only few papers focusing on external employer branding were able to discover and none of them were generated in Finland. Furthermore, even less knowledge about employer branding in the public health care sector was able to find. By combining the scarcity of existing research about employer branding in public health care sector and the need for empirical examination, the significance of this research topic is evident.

As attracting new employees is important, the employer branding in the public health care sector needs to be examined from the perspective of potential employees. This approach will provide relevant information how the potential employees are viewing the sector as an employer but also how to attract potential employees. Therefore, the thesis tries to respond to this shortcoming by examining external employer branding in the public health care sector in Finland. In addition to, this master's thesis is outlined geographically to focus on Northern Finland and the empirical examination will be executed among potential employees for the health care sector in the defined geographic location.

## 1.2 Characteristics of the public health care sector

The public health care sector in Finland is composed of primary healthcare, specialized healthcare, and specialized health services (Ministry of Social Affairs and Health, n.d.). Municipals are responsible of organizing the primary and specialized healthcare services to residents in their district. The healthcare services must be organized in a way they meet the requirements of the population. (EU-healthcare.fi, 2018.) The population in Finland is aging but at the same time becoming wealthy and as a result the need for healthcare services increases (Kotakorpi & Seuri, 2019).

The public sector is responsible of organizing health care in Finland and additionally it has a significant role to fund and produce healthcare services. Funding healthcare services is basically depending on the public sector. (Kotakorpi & Seuri, 2019.) Usually primary healthcare services are produced in a local health center. There are existing 160 health centers in Finland. Municipalities can organize the primary healthcare services independently or together with another municipality. However, they can also procure the services from a private organization. Existing legislation determines which healthcare services municipalities must provide. (EU-healthcare.fi, 2018.) For instance, Health Care Act (1326/2010) regulates health services, and Primary Health Act (66/1972) as well as Act on Specialized Medical Care (1062/1986) delineate the structures of health care in Finland. Although, in accordance of the legislation, municipalities can determine the scale and content how the services are provided. (EU-healthcare.fi, 2018.) Based on this, health care services may vary among municipalities in Finland.

In order to provide specialized healthcare services, every municipality belongs to a specific hospital district and a specific catchment area. Federations of municipalities are part of a specific catchment area. Usually, specialized healthcare services are provided in hospitals which are maintained by the hospital districts. There is existing 20 federations of municipalities regarding hospital districts in Finland. Medical treatment for patient is provided in primary or specialized healthcare based on the degree of complexity of the patient treatment. (EU-healthcare.fi, 2018.)

In addition, Finnish government has tried to reform the public social and health care sector since the income of the public sector is not enough to cover age-bounded costs in long term. The target of reforming the social and health care sector is to improve effectiveness by providing opportunities to individuals to choose their service provider between the public and private sector, increasing competitiveness and shifting efficiency benefits from the private health care sector to the public sector. Opening the primary healthcare services to competition is one remarkable change as a result of offering free-to-choose the healthcare service provider. (Kotakorpi & Seuri, 2019.) Because of increasing competition, the role of competent employees is essential in order to sustain the performance.

### **1.3 Research objectives and questions**

This master's thesis focuses on examining external perspectives of employer branding in the public health care sector. The purpose of this paper is to study how potential employees perceive the public health care sector as an employer. Thus, the research of this thesis aims to increase understanding on the employer brand image perceptions that the public health care sector possesses. It is interesting and important to understand how potential employees see the public health care sector as an employer compared to the private sector. In addition, if there turn out to be concerns that need to be developed, it is useful to find ways how the employer branding can be enhanced. The research questions guide the paper and help achieving the objectives of the research. Due to this, the main research question is defined as following:

*How potential employees perceive the public health care sector as an employer?*

In addition, to understand, how the potential applicants view the public health care sector as an employer, it is important to study which attributes potential employees link to an attractive employer. More specifically, it is beneficial to gain knowledge of which attributes potential applicants consider desirable and which less desirable. Due to this, the main research question is supported with two sub-questions in order to have more detailed information of the public health care sector as an employer. The first sub-question is defined as:

*What attributes are desired employer characteristics that potential employees of the health care sector value and can identify with?*

Furthermore, as pointed out in the introduction, branding in the public sector has studied somewhat, but mostly from the internal perspective. However, the employer branding in the public sector have hardly studied and even less in the public health care sector. Thus, this thesis aims to study if the public health care sector has existing a coherent employer brand. The second sub-question is defined as:

*How does the employer brand of the public health care sector appear?*

#### **1.4 Research methods**

Positivist epistemology is used as the research philosophy including quantitative research and deductive approach to guide the empirical examination. A deductive research approach is seen as the most suitable approach for this thesis since it concerns applying existing theory rather than generating a new one (Wilson, 2010, p. 7). Furthermore, the deductive approach was selected as there is a research gap between the existing theory of external employer branding in the public sector. Thus, in this case it is beneficial to start with evaluating and adapting existing theory of branding in the public sector and external employer branding.

In addition, the deductive approach focuses on developing hypotheses based on the selected theory (Wilson, 2010, p. 7). Related to this, a theoretical model is created after discussing the abovementioned theories and based on the model, hypotheses are outlined. After this, a research strategy is designed and the hypotheses tested through the empirical examination (Wilson, 2010, p. 7). In this case the empirical examination consists of an online survey which is targeted for medical students in the university of Oulu. The online survey incorporates mostly closed questions, however also few open questions are added to provide more depth to the research. The data from the online survey is analysed with statistical methods such as crosstabulations, one-way ANOVA, chi-squared test, correlation analysis and reliability analysis, but the open questions are analysed with qualitative content analysis. The data analysis is

done with SPSS, Excel, and NVivo in order to have coherent understanding of the data.

### **1.5 Structure of the thesis**

The introduction is followed by theoretical framework, which consists of branding in the public sector and external employer branding. The chapter 2 focuses on the branding in the public sector in order to understand branding and brand management, and the construction of public sector brand as branding in the public sector has differences with branding in the private sector. The chapter 3 discussed employer branding from the external perspective including aspects of benefits of employer branding, employer associations, employer image, and employer attractiveness. Based on the two main theories, a theoretical model is created, and three hypotheses developed.

After the theoretical framework, the paper moves to introducing methodology and empirical examination in chapter 4. The chapter describes and justifies the methodological choices of the thesis. In addition to, the formulation of the questionnaire and data gathering methods are detailed, but also the data analysis methods are explained. Further, the chapter 5 includes the data analysis and the results of empirical examination. The data analysis includes both statistical and qualitative content analyses in order to achieve empirical results. Lastly, chapter 6 presents discussion of the results, and conclusion of the thesis. In the part of discussion, answers to the research questions are provided. In addition, the conclusion involves theoretical contributions and managerial implications. Also, the reliability, validity and generalizability of the research is dealt with as well as limitations of the study and future research suggestions.

## **2 BRANDING IN THE PUBLIC SECTOR**

This chapter focuses on dealing with two key concepts in order to have comprehensive understanding of branding in the public sector. The concepts are sector branding and brand management, and construction of public sector brand. The construction of public sector brand involves concepts of brand identity, brand image, and brand reputation.

### **2.1 Sector branding and brand management**

Branding activities are more often associated with private firms than organizations in the public sector (Whelan et al., 2010). Thus, limited knowledge is still existing how public organizations could, or should, manage their brands and execute branding activities (Leijerholt et al., 2019; Sataøen & Wæraas, 2015). This chapter tries to provide understanding of branding and brand management in the public sector.

Balmer (2001) defines corporate branding to be conscious decisions by senior management to capture and highlight the attributes of the organization's identity in the form of distinct branding proposition including organizational efforts to communicate, differentiate, and foster the brand to key stakeholders. This definition emphasizes differentiation to be of the key targets of corporate branding activities. However, this may not be the case in the public sector and related to this, Sataøen and Wæraas (2015) argue that public organization does not pursue differentiation. Therefore, the public sector branding can be seen more demanding compared to the private sector and thus different approach is required (Wæraas, 2008). Thus, branding and communication among public organizations are result of compromises between different values, ideologies and levels in the bureaucratic order (Sataøen, 2018).

Further, Brexendorf and Keller (2017) point out, corporate brands are perceived from various perspectives involving associations with different attributes, such as relationships, values, and corporate credibility. This perspective can be adapted similarly to sector branding. Usually a sector represents a group of industries that share similar attributes. Each sector has unique characteristics and different profile



that disassociate them from other sectors. Related to this, typical characteristics to the environment in which public organizations operate are unclarity, inconsistency, and complexity that influences branding activities (Wæraas, 2008). This creates challenges for planning marketing and branding. Thus, the objectives of branding among public organizations are usually dissimilar from the aims of organizations operating in the private sector (Whelan, et al., 2010). The main objectives of branding in the public sector may focus on organizational attraction, supporting a positive perception, and increasing trust and legitimacy among stakeholders rather than pursuing a unique and differentiated brand (Leijerholt et al., 2019).

Based on this, public sector branding in this paper is defined as following: Sector branding is conscious decisions to emphasize favorable attributes that enables achieving desired target among stakeholders. The branding includes first defining the attributes that want to be emphasized through the branding activities. The attributes are common, and they should bring benefits to the sector. These attributes will form the foundation to the branding activities. In addition, objectives must be set to the branding activities in order to guide the activities. After this the defined attributes are communicated to the stakeholders in a way that is convenient to the audience, and the channels are the most suitable for the branding purposes.

As brands are valuable intangible resources of organizations, it is crucial to manage them successfully (Keller, 2014). Properly managed, a sector brand can permit the same benefits than a consumer brand. For instance, these advantages can be related to loyalty or price (Webster & Keller, 2004). Similarly, Hytti et al. (2015) emphasize that brand management have several benefits for organizations, since it can enhance the employer attractiveness of an organization from the perspective of employees. Further Leijerholt et al. (2019) suggest, brand management in the public sector may advance developing a more positive organizational brand and thus sector brand. However, existing brand management theories and models are not necessarily fully possible to apply to public sector (Hytti et al., 2015), and therefore adaption of management is needed.

In addition, branding efforts in sector or organizational level can be seen more challenging since employees' interaction with stakeholders influence the external

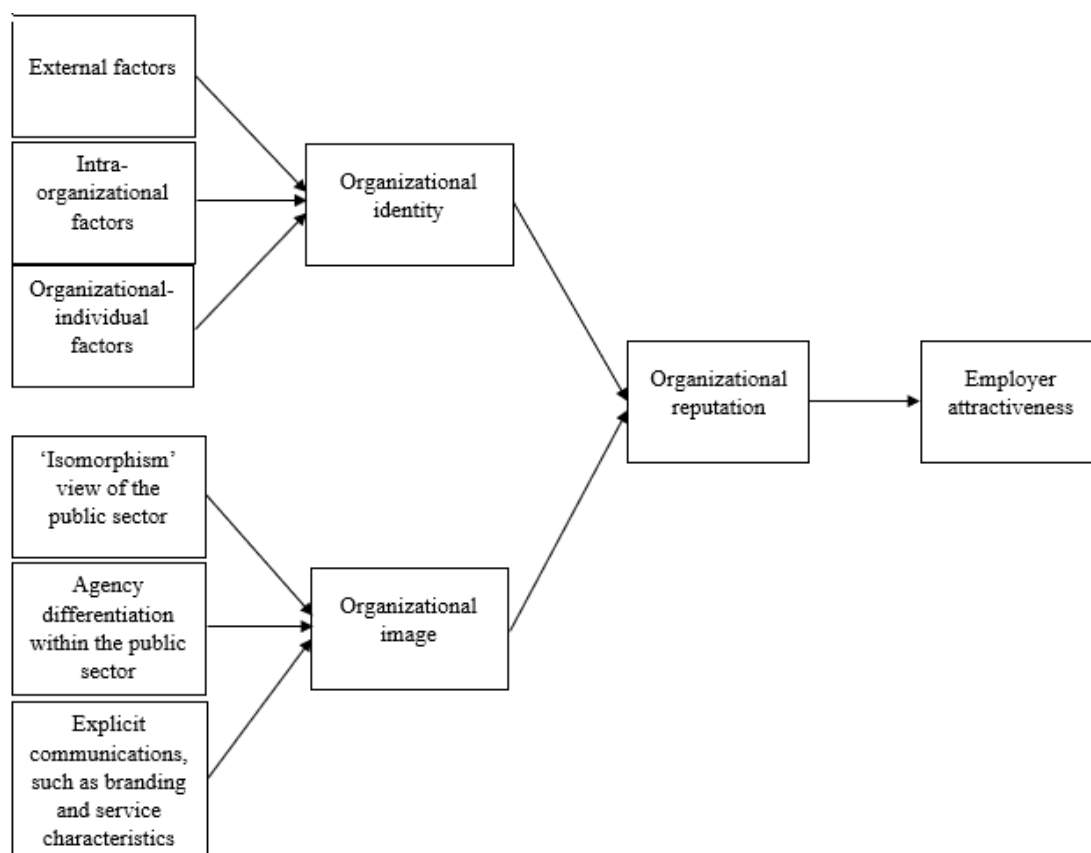
brand perception especially within service organizations (Wheelan et al., 2010; Wæraas, 2008). Related to this, employees are essential asset of an organization as they are seen acting as brand ambassadors (Schmidt & Baumgarth, 2018) as well as brand managers (Wæraas, 2008). As the employees are acting as brand ambassadors and brand managers, employees' person – organization (P-O) fit must be considered. However, this perspective will be discussed more specifically in the chapter focusing on employer branding. Furthermore, it is required to train the employees comprehensively in terms of branding, and additionally participating to branding activities can create added value to employees' work (Hytti et al., 2015). Therefore, the external brand must be aligning for example with the organizational culture and internal values in order to ensure solid internal and external brand (Chapleo, 2015; King & Grace, 2007).

Moreover, sector brands have wider stakeholder audience compared for example to product brands. Related to this, stakeholders have even crucial role when considering organizations operating in the public sector, thus various stakeholders must essentially take into account in terms of public sector branding (Leijerholt, et al., 2019). To summarize, brand management in the public sector is a complex task involving various perspectives to consider. Thus, the role and importance of branding should be tied clearly into the internal and external processes to guide the operations. However, deeper knowledge is still required to have how brands in the public sector are constructed.

## **2.2 Construction of public sector brand**

Considering the construction of a public sector brand, various perspectives are required to understand. Figure 1. presents the factors that comprise the organizational brand in the public sector. Similarly, these factors are affecting employer attractiveness in the sector through internal and external brands that must be consistent. The figure is adapted from Bankins and Waterhouse's (2019) paper. According to the authors, organizational reputation is a significant factor affecting employer attraction. Organizational reputation is consisting of organizational identity and organizational image. Together organizational identity and organizational image

influence organizational reputation in the public sector and as a result employer attractiveness. (Bankins & Waterhouse, 2019.)



**Figure 1. Factors influencing organizational reputation and employer attractiveness in the public sector (from Bankins & Waterhouse, 2019).**

Next, the factors influencing employer attractiveness in the public sector will be discussed more closely. In this case, organizational identity is discussed as brand identity, similarly organizational image and organizational reputation are discussed as brand image and brand reputation. Although this paper focuses essentially on external perspectives of a sector brand, some internal aspects are important to consider in order to have comprehensive understanding of the public sector brand. Therefore, discussion starts with brand identity. Brand identity is perceived to form a core for a public sector brand. In addition, brand identity influences brand image and simultaneously brand image influences brand identity. After discussing brand identity, the paper focuses on brand image and thus on the external perception of the

public sector brand. Lastly, brand reputation is considered, as it is seen consisting of brand identity and brand image.

### 2.2.1 Brand identity

Brand identity is a core element of a brand by providing direction, purpose, and meaning for it (Aaker, 1996). Due to this, brand identity is a significant element of a public sector brand. Brand identity involves different essential features and de Chernatony (1999) identifies brand vision, brand culture, brand personality, brand position, and brand relationships to be significant components of brand identity. However, in terms of a public sector brand identity, we consider brand culture, brand personality and brand relationships as the most meaningful components. As public organizations have clear position in their field, there is no need for considering brand position. Similarly, brand vision is not in the fundamental role in this case, thus this element can be left out. Törmälä and Gyrd-Jones (2017) suggest that brand identity develops during time as a result of dynamic and reciprocity interaction with the most significant stakeholders. In terms of the public sector, Bankins and Waterhouse (2019) point out brand identity is influenced by both external and internal factors in which internal factors involve intra-organizational factors and organizational-individual factors.

Further, corporate brands are usually seen consisting of a single identity which is communicated clearly and coherently (Wæraas, 2008). However, it is possible a brand has different identities at the same time (Aaker & Joachimsthaler, 2000). Wæraas (2008) points out, public organizations have usually multiple identities which is a typical characteristic for the public sector. In addition, inconsistency is associated with public organizations, and simultaneously it is reflected to values of these organization (Wæraas. 2008). Thus, the incoherence of values can be considered to have a relation to multiple identities (Wæraas, 2008). Aaker and Joachimsthaler (2000) bring forward that having different identities can create challenges on building a coherent brand. Thus, this is one major challenge for branding in the public sector and especially to sector brands.

Moreover, Wæraas (2008) argues that having inconsistent values is a result of complex environment in which public organizations operate to provide common goods and services, and deal with different goals. Therefore, selection among diverse values must be based on relevance of the values to the overall organizational identity (Wæraas 2008). Furthermore, the elements of relationships and culture influences essentially the identity of public organizations, since different stakeholders have a remarkable role in the sector. Next, the perspective of values is discussed.

#### *Perspective of values in terms of brand identity*

Urde (2003) points three viewpoints of values considering brand identity: organizational values, brand values, and values experienced by stakeholders. Drury and Segal-Horn (2004) suggest values can originate internally from the organization or externally from customers and other stakeholders. In this case, values are especially important from the perspective of employees and potential employees.

Leijerholt et al. (2019) suggest that public organizations should define their core values since the core value statement together with the public sector values can have positive effect on public sector brand. Jørgensen (2007) have studied public sector values in Denmark and his findings highlight responsibility, respect, development, cooperation, quality, openness, trust, commitment and professionalism as the most popular public values. In addition to, values like universalism and equality can be significant for organizations in the public sector (Sataøen & Wæraas, 2015). Together experienced values can advance public organizations to form a soul for their brands. However, this can be challenging or perhaps even impossible for sector brands. Furthermore, emphasizing the core values in the external marketing communications can have positive influence on the brand image. Therefore, values should be emphasized in brand messages that are communicated to the stakeholders. Due to this, it essential to stress the values and create a value proposition that has relevance for all significant stakeholders.

Further, Wæraas (2008) points out that public organizations can be at the same time inconsistent but also unique. Although, seeking differentiation and uniqueness can be problematic in some cases in the public sector (Sataøen & Wæraas, 2015). Related to

this, it is primary to public organizations first recognize the existing attributes and characteristics in order to use them as a foundation of branding process. In addition, the identities and values of organizations should be determined to match with their constituencies and thereby ensuring the unity. Therefore, it is preferable that emphasized values are inconsistent but genuine, and match with the reality as a foundation to define and communicate the brand identity. (Wæraas, 2008.)

### *Brand personality*

Next, focusing on brand personality briefly, since it is seen as another element of brand identity and thus related to the public sector brand. Brand personality refers to similar characteristics that humans possess that can be associated with a brand (Aaker, 1997). Brands usually have a set of personality traits that can be associated with them (Aaker, 1996; Brexendorf & Keller, 2017). Perhaps a set of personal traits is more difficult to associate with organizations in the public sector and this creates a limitation to building a brand in the public sector. Aaker (1996) suggests brand personality enables creating a stronger brand for instance by affecting relationships between stakeholders. Urde (2003) emphasizes that the impression of brand personality must be alignment with the core values. In addition to, Wheelan et al. (2010) suggests that the internal perspective of employees influences the organizational brand personality, and this is eminently important in the public sector. The employee perspective is also linked to the brand culture and brand relationships. However, when considering sector brands, brand personality is more difficult to associate with a specific field of operations as the field includes multiple organizations which all may have different personalities. Therefore, brand personality is not a central element of brand identity in terms of the public sector brand.

### 2.2.2 Brand image

Brand image is associations that external stakeholders link to the brand in their memory (Keller, 1993). Ideally brand image is based on brand identity. Aaker (1996) states that brand associations are affected by brand identity, and these are the associations the organization want to emphasize in stakeholders' mind. To create a

powerful brand image, brands must stimulate strong, positive, and unique associations that can be reflected as sector or organizational trust (Brexendorf & Keller, 2017). Since one objective for public sector brand image is to strengthen trust among different stakeholders (Leijerholt et al., 2019), the brand communications should be designed and directed in a way they influence the external associations by supporting the desired image. However, according to Äijälä's (2001) report, the overall image of the public sector is not very positive, clear or stimulating. Related to this, especially young people do not rate working in the public sector so highly. Thus, the public sector is perceived as dull, bureaucratic, old fashioned, and the prestige of civil service low. Moreover, citizens' trust in government has decreased which has negatively influences the image of government and the public sector. (Äijälä, 2001.) Due to this, there is a need for improving the overall image of the public sector.

According to Keller (1993) associations related to brand image can be divided into three categories: attributes, benefits, and attitudes. Considering attributes, they are specific features describing the characters of a brand that its stakeholders understand to be central for it (Keller, 1993). Bankins and Waterhouse (2019) suggest brand image to be composed of three factors in the public sector: isomorphism view of the public sector, agency differentiation within the sector, and explicit communication including for example branding and service characteristics. However, there is a dilemma between isomorphism view and agency differentiation since usually public organizations are similar in many characteristics, although it is supposed to be beneficial to differentiate agencies among the sector especially considering employee attraction. Moreover, clear external communication has an important role in terms of affecting the organizational image. (Bankins & Waterhouse, 2019.) Furthermore, the typical characteristics for the public sector are inconsistency and multiple identities brands as Wæraas (2008) points out. This can create challenges for the external stakeholder to understand the communicated brand, and form the image in their memory in a desired manner. In addition, Luoma-aho (2008) brings forward two major characteristics for the public sector which are flexibility and bureaucracy. However, these characteristics are inconsistent and opposite that brings challenges for developing a coherent brand image.

Further, associations related to benefits are the personal value to stakeholders that are connected to brand attributes. The benefits a brand provides to its stakeholders can be functional, experimental, and symbolic. (Keller, 1993.) In addition, Wilkie (1986 via Keller, 1993) describes brand attitudes to be stakeholders' overall assessment of a brand. The brand attitudes contain evaluation of attributes and benefits a brand poses from the perspective of stakeholders and judgment whether the evaluation is positive or negative. However, the associations related to a brand can vary in terms of favorability, strength, and uniqueness. A brand can be associated with favorability if the brand is believed to have attributes and benefits that satisfy stakeholders' requirements. If the brand fulfils the stakeholders' needs and wants, it enables formulating a positive brand attitude. (Keller, 1993.) This perspective can be adapted similarly to the public sector. Thus, it is essential to know what the stakeholders need and want in order to fulfill these requirements.

Keller (1993) emphasizes, not all the attributes are relevant or valued and it is difficult to create favorable associations for an unimportant attribute. Therefore, organizations should be aware of what attributes are more favorable than others in the eyes of the desired stakeholders. Also, brand associations can be evaluated based on the strength of contact to brand node (Keller, 1993). The strength of association is influenced by how the information enters to the stakeholders' memory and how the information is stored as a part of the brand image (Keller, 1993).

Considering brand uniqueness, brands may or may not have associations that are shared with competitors (Keller, 1993). Although Sataøen and Wæraas (2015) argue public organizations are not differentiated and not aiming for that positioning, but they can be unique. In addition, the uniqueness of public organizations is not necessarily connected with positive associations, since for instance having multiple identities in a large organization can confuse stakeholders, such as employees or potential employees, which identity they find themselves connected. However, as Banks and Waterhouse (2019) bring forward, the public sector as a whole has relatively poor image. Therefore, it is necessary to consider, whether it is beneficial for individual agencies aim to differentiate themselves to improve their image, but at the same time maintain the legitimacy granted by being a part of 'government' (Banks & Waterhouse, 2019).



### 2.2.3 Brand reputation

Brand reputation has essential connection to brand identity and image but also to organizational attractiveness. Thus, Chun (2005) states reputation is a result of equal reflection of the internal and external views of an organization. Due to this, Banks and Waterhouse propose that perceptions of identity and image will influence how the individuals see the organizations' overall reputation. Furthermore, reputation is related to personal judgements about the organization's credibility, reliability, responsibility, and trustworthiness (Fombrun, 1996 via Banks & Waterhouse, 2019). Gotsi and Wilson (2001) summarize that reputation is a dynamic concept, and it requires time to build and manage. In addition, reputation is essentially dependent on the everyday images formed by the people that are a result of organization's behaviour, communication, and symbolism. In one hand, it can create competitive advantage for the organization among other rivals but on the other hand, negative reputation may weaken the organization's position in the field of operations. However, various stakeholders may have different perceptions of the organization in terms of reputation. (Gotsi & Wilson, 2001.) Based on this, reputation is multidimensional but also challenging element to build and manage especially when different stakeholders may perceive the reputation differently.

Further, Luoma-aho (2007) points out, organizations in the public sector should strive for generating a neutral rather than excellent reputation, since this type of reputation is considered acceptable for organizations operating in few or if any competing market. However, not all public organizations are alike and therefore their differences affect organizations reputation (Luoma-aho, 2008). This is supported in the literature that public organization vary considerably with different dimensions such as tasks, environments, and constituencies (e.g. Jørgensen, Hansen, Antonsen & Melander, 1998) and this variety affects the internal structure and environment of organizations in the public sector. In addition, organizations in the private sector are equipped with excellent corporate reputation persuade potential employees with attractive employment propositions through promoting their corporate brand images and brand recognition. Therefore, when competing of employees with private organizations, it is unlikely to be sufficient for public organizations to aim achieving solely a neutral reputation. (Banks & Waterhouse, 2019.)

Wæraas and Byrkjeflot (2012) point out problems related to charisma which refers to emotional appeal, consistency, uniqueness, and excellence that influence the reputation of public organizations. These problems differ somewhat regarding the nature of specific organization. However, the authors point out, most organizations in the public sector have major difficulties exempli gratia having an excellent reputation (Wæraas & Byrkjeflot, 2012). In addition, these problems create challenges for managing reputation. Thus, the typical reputation problems must be identified and handled in order to manage the reputation successfully.

As Bankins and Waterhouse (2019) pointed reputation affecting employer attraction, and Cable and Turban (2003) support this viewpoint by suggesting reputation perceptions to influence job seeking intentions. Since individuals view reputations as a signal of job attributes, the reputation communicates pride of being a member of the work community (Cable & Turban, 2003). Due to this, the potential applicants compare these perceptions to their requirements. Therefore, reputation has a significant influence on attracting employees and public organizations need to take the reputation management perspective into account to brand building activities.

### 3 EXTERNAL EMPLOYER BRANDING

In this chapter, the external employer branding is discussed. Understanding external perspectives of employer branding is important as these aspects are supposed to affect job seeking intentions. Researchers have discovered that organizations operating in the same industry are often very similar (Lievens & Highhouse, 2003). Even though public organizations usually do not seek differentiation as a service provider (Satoen & Waeraas), it might be beneficial among public health care organizations to emphasize specific attributes which potential applicants may value and try to differentiate themselves as an employer.

Ambler and Barrow (1996) define employer brand to be “the package of functional, economic, and psychological benefits provided by employment, and identified with the employing company”. Backhaus and Tikoo (2004) continue defining employer branding to be means that a firm takes to promote a clear view what makes it desirable inside and out as an employer in order to attract potential employees.

Further, Backhaus and Tikoo (2004) have developed employer branding framework which involves both external and internal perspectives. The internal perspective contains organizational identity and organizational culture as factors affecting employer brand loyalty and thereby employee productivity. The external perspective includes employer brand associations which affect employer image and eventually employer attraction. As this paper focuses on employer branding from the external perspective, the internal aspects are left out of the following discussion. The factors affecting external employer branding are presented in the figure 2. In the figure it is possible to see that employer brand associations influence employer image and the both factors affect together employer attraction. Therefore, external employer branding consists of the aforementioned factors. Next, the paper continues considering shortly benefits of employer branding and after that focuses on the factors presented in the figure 2. starting with employer brand associations, continuing with employer image and lastly discussing employer attraction.

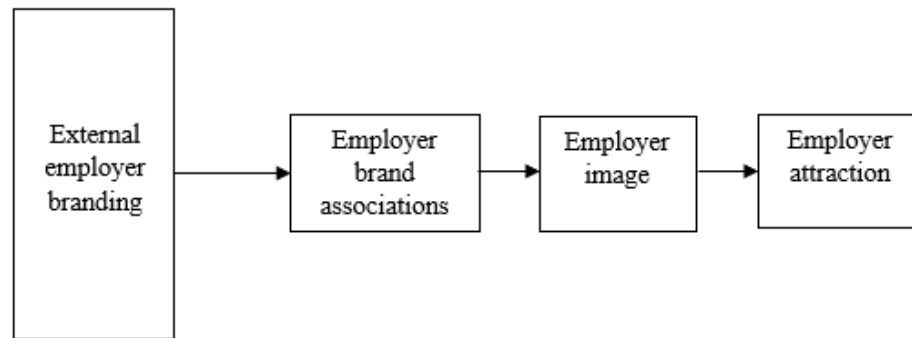


Figure 2. External employer branding (adapted from Backhaus & Tikoo, 2004).

### 3.1 Benefits of employer branding

Employer branding provides advantages to organizations. Effective employer branding increases competitive advantage of an organization, foster absorbing organizational values, and assist with employee retention (Backhaus & Tikoo, 2004). Researchers have found empirical evidence that employer branding is used in early recruitment phases to externally market the employer brand and it has resulted in increasing applicant quality and quantity (Lievens, Van Hove & Anseel, 2007). For instance, Finland and many other OECD countries have faced challenge in recruitment in the public sector (Äijälä, 2001). However, managers do not have as strong base of knowledge on how an employer brand and contents constitute an employer value proposition as researchers do (Hillebrandt & Ivens, 2011). This can create challenges in implementing employer branding activities.

The ongoing relationship between a company and employee enables exchanging mutual benefits and expand firms existing business network (Ambler & Barrow, 1996). In addition, organizations desire to achieve employer brand equity as a result of employer branding activities. Therefore, employer brand should be developed to be coherent with organization's corporate brand. In addition, the existing employer brand equity can be associated differentially among different organizations and thereby it influences how for example potential employees react similar recruitment and selection efforts (Backhaus & Tikoo, 2004.) Furthermore, Knox and Freeman (2006) underline the role of attributes and values of a firm during the recruitment process and how the candidates can identify with these features. Related to this, an

employer brand has similarly a personality and positioning than a corporate brand (Ambler & Barrow, 1996).

### **3.2 Employer brand associations**

Brand associations are thoughts and ideas that a brand name stimulate in the consumers' memory (Keller, 1993). Brand associations have important role in terms of brand image as they shape how the brand image is constructed (Backhaus & Tikoo, 2004). Similarly, employer brand associations are impression of an employer affecting how the employer brand image is formulated and further influences the employer attractiveness (Backhaus & Tikoo, 2004). Drury (2016) points out, brand associations can be related to creating positive attitudes or feelings toward the brand, differentiation from its competitors, and creating value for the organization. However, employer brand associations may be based on the information that is not controlled by the employer. Therefore, effective employer branding aims to identify desired brand associations and then aspires to develop these associations. (Backhaus & Tikoo, 2004.) Related to this, health care organizations need to consider how they want to be perceived among potential and talented applicants. If an employer wants to strengthen desired associations, they can invest in employer brand-building activities for instance by maintaining a career website, participating in career fairs, offering internships, advertising in business magazines, and participating in "employer of choice" awards (Drury, 2016).

Further, Rampl (2014) has examined the role of employer brand associations in terms of salary, advancement, location, reputation, work content, and work culture and their influence on employer brand emotions regarding first choice brand. According to Rampl's study, work culture and work content were identified as only significant employer brand associations. In addition, researchers suggest that organizational reputation is a part of employer brand associations and it can also affect to employer attraction (e.g. Cable & Turban, 2003). Similarly, this viewpoint is emphasized in the public sector (e.g. Bankins & Waterhouse, 2019). However, the importance of certain employer brand associations may differ across industries (Rampl, 2014). Thus, valued employer associations may be different in the health care sector compared exempli gratia to banking and financing field as the field of operations are

such different. Therefore, the important employer associations are assumed to differ in the public and the private sector. Leijerhot et al. (2019) point out the public sector values, core value statement, and connections in the organization, as significant factors in the public sector in order to formulate positive, and attractive employer associations.

### **3.3 Employer image**

Employer brand image is the image consisting of unique characteristics that potential recruits are associating with an organization as an employer (Knox & Freeman, 2006). In addition to, employer brand image is a part of the larger multidimensional concept of organizational image (Lievens & Slaughter, 2016).

Furthermore, intensifying brand awareness enables potential employees to develop positive identification with the brand. Thus, if potential employees find positive associations of the employer image, they are more likely to find themselves attached with the brand, and as a result will more likely choose to seek job from the organization. (Backhaus & Tikoo, 2004.) This viewpoint is supported by Heilman (2010), who suggests visibility has a significant role in terms of improving employer brand image in the health care sector. Due to this, in order to positively influence the employer image, actions to increase employer awareness and visibility should be implemented in the public health care sector.

#### **3.3.1 Functional and symbolic attributes**

As Keller (1993) brought forward, brand image is formed as a result of perceptions related to functional, symbolic, and experimental benefits that are embedded into brand associations. Though, functional and symbolic attributes have gained the most attention in the recruitment literature. Related to this, Backhaus and Tikoo (2004) emphasize that employer brand image can be defined with functional and symbolic benefits. Lievens and Highhouse (2003) support this viewpoint with their instrumental-symbolic framework in which instrumental attributes can be seen as the same than Keller's (1993) functional characteristics. According to Backhaus and Tikoo (2004), functional benefits are related to the desirable elements of employment

with the organization including *exempli gratia* salary, benefits, leave allowance. Lievens and Highhouse (2003) stress these attributes primary trigger applicants' interest in the organization. However, potential employees' attraction to an organization cannot be explained only with functional or instrumental attributes and therefore symbolic meanings that can be associated with a particular organization are equally important (Lievens & Highhouse, 2003).

Symbolic features are essential for brands since consumers tend to associate human traits with brands and compare the traits with themselves (Aaker, 1997). This perspective can be adapted similarly to employer brands. Symbolic benefits are intangible, and they have connection to perceptions about the reputation of the organization, and the social approval that candidates imagine they can experience if they work at the organization (Backhaus & Tikoo, 2004; Lievens & Highhouse, 2003). In addition, symbolic associations may include organizational attributes such as innovativeness or status. These are the organizational characteristics that potential employees find interesting or attractive by stimulating their application intentions. In addition, branding literature emphasizes that the meaning of symbolic functions increases when the functional differences between brands are narrow. (Backhaus & Tikoo, 2004.) As functional differences among the public health care sector are limited, the role of symbolic features should be stressed in terms of developing favourable employer brand image.

Similarly, Lievens and Highhouse (2003) recommend organizations focusing on symbolic meaning as an employer in the marketplace and attract potential employees via these meanings. In addition, the authors suggest organizations to use employee imagery and employment imagery in their advertising targeted to applicants (Lievens & Highhouse, 2003). However, if promoting employer image through external campaigns, organizations must be careful with their promises in order not to fail delivering the promises. Therefore, honest and accurate employer brand messages are important in terms of organizational success, though, the messages should be also well balanced. (Backhaus & Tikoo, 2004.) In addition to, the communicated brand messages should be based on the internal brand and *exempli gratia* to values. Furthermore, Backhaus & Tikoo (2004) suggest that the employer brand messages should communicate also the organizational culture. This is supported by Rampl's

(2014) findings which emphasize the significance of work culture as a meaningful employer attribute. Also, Heilman (2010) points out, the good organizational atmosphere and leadership action are information that should be highlighted in recruitment marketing. Due to this, especially these meanings should be communicated externally to attract potential employees.

### 3.3.2 Psychological relation

Researchers have found employer brand image to influence potential applicants' attraction to the organization. This can be explained for example with person-organization fit since associations that applicants can identify with are more effective to attract them to apply (Backhaus & Tikoo, 2004). This perspective is supported with social identity theory which emphasizes that self-concept of people is originated from their membership in specific social groups (Tajfel, 1982). In addition, theory of psychological contact can be seen related to person-organization fit. According to Rousseau and Tijoriwala (1998) psychological contact is "an individual's belief in mutual obligations between that person and another party such as an employer". Soares and Pilar (2019) suggest that the formation of psychological contract begins during the early phase of recruitment and selection process and develops over the employee's employment. Thus, the development of psychological contract can involve career opportunities, performance feedback, and incentives provided by the organization (Soares & Pilar, 2019).

Moreover, research on person-organization fit points out that potential recruits compare the employer image that is existing in their minds to their needs, personalities, and values. The match between the values of the organization and the values of the individual affect the individual's attraction to the organization. (Backhaus & Tikoo, 2004.) Cable and Judge (1996) studied values congruence on job choice intentions and work attitude, and their findings resulted in person-organization value congruence have positive influence on exempli gratia job choice intentions. Also, their findings support that person-job fit is less important for job seekers than person-organization fit (Cable & Judge, 1996). Therefore, it is more important that the fit is existing between the potential employee and the organization than between the potential employee and the job tasks since the organization involve



more qualities than the job. In addition, the job content is possible to modify and therefore the person-organization fit should be emphasized.

### 3.3.3 Employer image in the public sector

Further, it is considered challenging to create a positive image on working in the public health care sector (Äijälä, 2001). Thus, Backhaus and Tikoo (2004) suggest, regarding recruitment, that potential candidates can be attracted by basing the applicant persuading on what desired attributes they believe the organization possesses. Therefore, it is important to know what the potential employees consider as desired attributes for a public health care organization or sector. For instance, according to Äijälä (2001), the positive employer characteristics of the public sector are usually related to factors such as workplace safety, generous pensions, and less daily work stress. Also, Knox and Freeman (2006) point out that employer brand image have positive effect on graduate recruitment intentions. By emphasizing the desirable employer attributes in the recruitment marketing and communication, the quantity of graduate health care applicants can be increased. In addition, Heilman (2010) brings forward the co-operation in recruitment is needed between hospitals and educational institutes such as universities and nursing schools. The co-operation can affect positively to the employer image of health care organizations but also improve the students' job seeking process by making it more fluent. However, Äijälä's (2001) findings point out that the public sector is not reaching students and graduates in the same way than the most private companies do. Even though there might be existing co-operation activities between the public health care sector and education institutions, there is still a need to improve the co-operation actions further.

Bankins and Waterhouse (2019) proposed if potential employees focus on viewing individual agencies, rather than seeing the public sector as an isomorphic entity, this will result in better perceptions of organizational image. However, this can create challenges for developing unified employer brand for a specific sector. If all the public health care organizations are developing their own employer brand and emphasizing it, with a target to create favorable employer image, the employer brand image of the health care sector may not be consistent. This can complicate branding

activities in the sector. Even though Bankins and Waterhouse (2019) suggested it is better from the potential employee perspective to perceive individual public agencies, perhaps this aspect is not fully adaptable in this as we are focusing on sector branding.

Although communicating the employer image is depending on the efforts of the individual organizations, perhaps the hospital districts should share common targets and consistent employer branding strategies to guide the individual health care organizations' branding actions. Further, if potential employees are able to receive communications from the public sector, and its agencies, this will improve the perceptions of the employer and organizational image (Bankins & Waterhouse, 2019). Thus, public health care organizations should include brand messages directed to potential employees in their communications. The communication should be in the form that can be considered as branding including for instance core value statement (Bankins & Waterhouse, 2019). In addition, Wright and Pandey (2008 via Bankins & Waterhouse, 2019) point out the importance of focusing on person-organization value congruence with a target that employees and the organization agree what constitutes public service. This perspective must be considered when formulating the core value statement and communicating it.

### **3.4 Employer attractiveness**

According to Berthon, Ewing and Hah (2005) "employer attractiveness is defined as the envisioned benefits that a potential employee sees in working for a specific organization". The concept of employer attractiveness is closely related to employer branding (Ambler & Barrow, 1996; Berthon et al., 2005; Hillebrandt & Ivens, 2011). The concept of employer attractiveness can also be seen related to employer brand equity since the more attractive an employer is seen in the eyes of potential employees, the stronger the organization's employer brand equity is (Berthon et al., 2005).

In the early stage of job searching and decision-making process the information about potential employee is limed (Srivastava & Bhatnagar, 2010). Thus, the role of general impression of organizational attractiveness is highlighted (Rynes, 1991 via

Srivastava & Bhatnagar, 2010). So far, researchers view employer attractiveness as a multidimensional construction (Alnıçık & Alnıçık, 2012). Srivastava and Bhatnagar (2010) identified in their study eight factors affecting and increasing employer attraction. The study was executed in Indian context. The authors identified factors of caring, enabling, career growth, credible and fair, flexible and ethical, product and service brand image, positive employer image, and global exposure to influence employer attraction. Factor of caring is related to how the organization as an employer care the welfare of its employees. Factor of enabling refers to how the organization aids an employee to work toward the best of its abilities. In addition, factor of career growth involves opportunities the organization provide for individual career development and growth whereas credible and fair characteristics are connected to organizational creditability and its fairness exempli gratia in rewarding the employees. Factor of flexible and ethical refers to the organizations ability to provide flexibility to its employees in performing their duties but not at the cost of ethics. Further, the products and services brand image are about how valuable the products or services brand are seen internally and externally. The factor of positive employer image reflects whether the organization is preferred by its employees and is known as a good place to work. The last factor, global exposure, is related to the amount of global assignments that an organization offers. (Srivastava & Bhatnagar, 2010.)

In turn Alnıçık and Alnıçık (2012) have identified six dimensions influencing employer attractiveness in Turkish context. The dimensions are social value, market value, economic value, application value, cooperation value, and working environment. First, considering social value, the dimension is related to opportunities to gain career exchange experiences, such as good promotion opportunities, recognition and appreciation, good feelings and job security, but also acceptance and belonging. Second dimension, market value, assess the role of organizational factors, such as high quality and innovative products or services, and customer orientation. In addition, dimension of economic value is related to individual's attraction to economic benefits that the employer provides, e.g. good above-average salary and a good compensation package. Fourth identified dimension, application value, is linked to individual's attraction to how an employer implements social responsibility, and do they provide opportunities to teach others what an employee has learned.

Furthermore, fifth dimension, cooperation value is related to organizational culture and involve attributes such as supportive colleagues and opportunities to work between departments. Finally, the last dimension is working environment which include attributes that attract an individual through *exempli gratia* fun and exciting environment. (Alnıaçık & Alnıaçık, 2012.)

Further, Hillebrant and Ivens (2012) developed 12 factors to measure employer brand and employer attractiveness. The factors are culture and communication, team spirit, tasks, international career and environment, benefits, reputation, work-life-balance, training and development, diversity, customers, autonomy, and corporate social responsibility. (Hillebrant & Ivens, 2012.) There can be seen similarities between the factors Hillebrant and Ivens, Srivastava and Bhatnagar, and Alnıaçık and Alnıaçık have identified but there are also some differences between the authors' findings.

Srivastava and Bhatnagar's (2010) findings suggest their eight factors can be classified into two categories: what the organizations is as an employer, and what the organization has for its employees. These categories can be also divided into Backhaus & Tikoo's (2004) functional and symbolic or Lievens and Highhouse's (2003) instrumental and symbolic attributes. Factors related to what it is as an employer are linked to functional/instrumental attributes, and factors reflecting what it has to offer for its employees can be considered as symbolic attributes (Srivastava and Bhatnagar, 2010).

Alnıaçık and Alnıaçık's (2012) findings suggest social value is the most important attribute for potential employees seeking a job. In addition, in their study, market value of an employer was attributed as the least important factor. Furthermore, as the other dimensions the authors identified are closely related to value, employer value proposition should be emphasized. Related to this, Hillebrant and Ivens (2011) point out perception and evaluation of employer brand proposition is essentially linked to attractiveness of an organization. On the other hand, Bankins and Waterhouse (2019) suggest that reputation of an organization influences on the attractiveness of the public sector as an employer.

The table 1. presents a summary of the dimensions in terms of employer attractiveness based on Srivastava and Bhatnagar's (2010), Alniaçık and Alniaçık's (2012) and Hillebrant and Ivens' (2011) findings. In the table the factors affecting employer attractiveness are labelled to functional or symbolic employer attributes. Dimensions based on Srivastava and Bhatnagar's findings are equally divided into both types of attributes, however, most of the dimensions regarding Alniaçık and Alniaçık's findings are placed to symbolic attributes excluding market value and economic value. In addition, three factors of Hillebrant and Ivens' findings are divided into the functional attributes and nine factors to the symbolic attributes.

**Table 1. Summary of the dimensions regarding employer attractiveness.**

Dimensions of employer attractiveness					
Srivastava & Bhatnagar (2010)		Alniaçık & Alniaçık (2012)		Hillebrant & Ivens (2012)	
Functional attributes	Symbolic attributes	Functional attributes	Symbolic attributes	Functional attributes	Symbolic attributes
Credible & fair	Caring	Market value	Social value	Tasks	Culture & communication
Flexible & ethical	Enabling	Economic value	Application value	Benefits	Team spirit
Product & service brand image	Career growth		Cooperation value	Customers	Diversity
Positive employer image	Global exposure		Working environment		Reputation
					International career & environment
					Training & development
					Work-life balance
					Autonomy
					Corporate social responsibility

### 3.5 Theoretical model for the empirical examination

The theoretical model for this thesis is formed based on the above discussed theory. The factors selected to the theoretical model are functional and symbolic attributes, employer brand associations, employer image, employer reputation, and employer attractiveness. Due to this, the model presents functional and symbolic attributes affecting employer brand associations and thus influencing employer brand image of the public health care sector. In addition, employer image is seen affecting the employer attractiveness of the public health care sector. Similarly, employer reputation is considered to influence employer attraction of the sector. The theoretical model is presented in the figure 3. The relationships between the factors in the model will be tested with statistical analysis and qualitative content analysis. The purpose of qualitative content analysis is to provide depth and insight to the research in addition to statistical analysis.

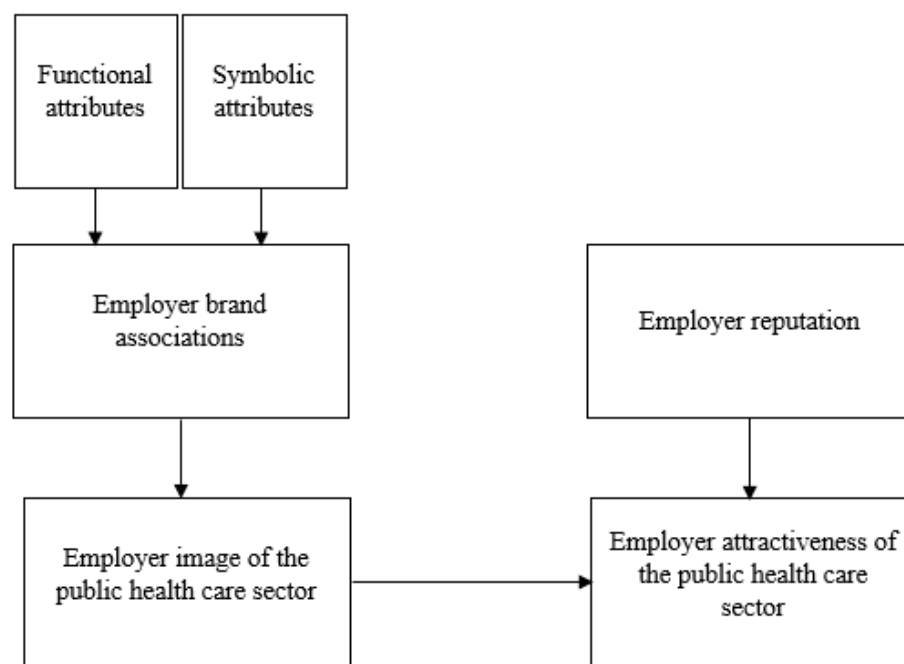


Figure 3. The theoretical model of employer brand image in the public health care sector (adapted from Backhouse & Tikoo, 2004; Bankins & Waterhouse, 2019).

## **4 METHODOLOGY AND EMPIRICAL RESEARCH**

This chapter discusses methodology and empirical research methods of this thesis. First, the chapter starts with methodological approach which directs the empirical research. Next, research methods used in this case are considered and justified. Also, the chapter incorporates the formulation of questionnaire and data gathering methods. Lastly, the data analysis methods are described and reasoned for analysing the data.

### **4.1 Methodological approach**

Positivist research epistemology guides the research practices of this thesis. Typical characteristics for positivist epistemology are deductive reasoning and quantitative research methods (Wilson, 2014, pp. 9, 12–13). Deductive reasoning is the most suitable research approach as it starts with viewing the existing theory and tests the theory with empirical research (Wilson, 2014, p. 12). In this case, deductive reasoning was used by starting with a focus on the existing theory. The research objective and questions are based on the theoretical framework but also to the need for empirical examination since the current theory is lacking knowledge of the employer brand image in the public health care sector.

Quantitative research was selected since quantitative methods are the most suitable for handling large amount of data. Quantitative research focus on clarifying questions that are related to numbers and percentages (Heikkilä. 2014, p. 15). As the research topic has not been empirically studied before, quantitative research provides methods to gain overall understanding of the phenomenon and therefore quantitative research is more convenient compared to qualitative research.

Quantitative research is conducted in a systematic and controlled manner. Hence, large enough sample is required. For gathering data, usually standardised questionnaires with specified answer options are used. In addition, factors are described with mathematical quantities and results are illustrated with tables or figures. Furthermore, quantitative research aims to discover correlation between examined factors and possible changes in the studied phenomenon. With this type of

research, usually it is possible to investigate the existing situation, although, reasons for the situations is not feasible to find sufficiently. (Heikkilä, 2014, p. 15.)

In order to ensure validity, the research must have clear goals that guide the methodological choices and measurement of the research (Heikkilä, 2014, p. 27). Thus, the research questions were defined in beginning of the thesis and they guide the methodological choices. The research question is *“How the potential employees perceive the public health care as an employer sector compared to the private sector?”*. As this question requires “what” and “how” answers, the nature of the research is descriptive. In addition, the main research question is supported with sub-questions *“What attributes are desired employer characteristics that potential employees of the health care sector value and can identify with?”* and *“How does the employer brand of the public health care sector appear?”*. The sub-questions need “what” and “how” answers, thus supporting the descriptive nature of the research. Descriptive research is a form of empirical research, which purpose is to respond on questions such as who, what, what kind of, and when (Wilson, 2010, p. 104). Heikkilä (2014, p. 13) points out, this type of research requires large sample in order to ensure the validity, reliability and generalizability of the results. However, descriptive research does not determine relationships between cause and effect (Wilson, 2010, p. 104). In order to have answers to the research questions, survey is seen as a suitable data gathering method. A survey can incorporate both closed and open questions which increases the dept and diversity of collected data. In addition, well-designed and -produced survey is capable for providing effective and accurate data (Wilson, 2010, p. 148). Next, the data collection and data analysis methods are determined.

## **4.2 Research methods**

In general, the selection of a data collection method is based on four criteria which are response rate, response bias, cost, and completion time (Malhotra, 1999 via Deutskens, de Ruyter & Wetzels, 2006). Related to this, the advantages of conducting the survey online can be seen in costs, geographical coverage and the speed of the delivery (Deutskens et al., 2006; Heikkilä, 2014, p. 18). Due to this, the survey is conducted with Webropol platform and distributed to the target group via email.



Though, critics have challenged the completeness and accuracy of the data collected via online channels and as a result they have questioned the quality of responses gathered through online surveys (Deutskens et al., 2006). Thus, there is a risk that the survey does not get enough responses and it is true the accuracy of the responses may be inadequate via online survey as the researcher is not present during responding. Thus, the researcher must evaluate the research process critically and carefully (Heikkilä, 2014, p. 28). Similarly, it is researcher's responsibility to evaluate the reliability of the results.

However, the advantages of the online survey are more significant compared to the disadvantages. In this case, the online survey as a research method is seen to provide more benefits in terms of reducing costs and optimizing time management. In addition to, with online survey it is possible to reach students no matter of their location. Based on these benefits, online survey was selected for the most suitable research method. The survey is consisting of mostly structured questions. However, few open questions were added to the survey in order to have some qualitative data to analyse if the survey does not reach enough responses for quantitative analysis. The advantage of open questions is that the respondents can describe their feelings more extensive manners compared to closed question (Wilson, 2014, p. 169). Further, as the survey is anonymous, the respondents may be able to share their true perceptions of the employer image and employer attraction of the public health care sector.

### **4.3 Formulation of the questionnaire and the data gathering**

Before collecting the data and designing the survey, the research population must be defined. According to Wilson (2010, pp. 189–190) “a population is a clearly defined group of research subjects that is being sampled”. Selecting the population is essentially influenced by the research question and context of the study. Medical students in the university of Oulu represents the population of the survey. Selecting the sample is important as the purpose of sample is that the results of the study can be generalized to consider the whole population (Vehkalahti, 2014, p. 43.) Thus, in this case the results of the research can be generalized to involve the medical students in the university of Oulu. Furthermore, selecting the sample frame and

choosing sampling techniques is important. (Wilson, 2010, p. 190–191). Selecting the sample can be affected by for instance the availability of resources (Wilson, 2014, p. 213). In this case, there is no time or resources to survey the whole population. Thus, the sampling frame of the research is medical students in the university of Oulu who open the Webropol survey link and respond to the survey. By these means the purpose of the thesis can be fulfilled by researching how the potential employees in Northern Finland perceive the public health care sector as an employer. Furthermore, the sampling technique is random sampling. In simplicity, random sampling means every individual of the population has equal probability of inclusion in the sample (Wilson, 2014, p. 215).

The survey data collection was done via Internet, and more specifically via email list targeted to medical students in the university of Oulu. The survey was accompanying explanation of the purpose of the study. By explaining to the students that the results of the survey will be used to this master's thesis and potentially to write other academic publications, the ethicalness of the survey was tried to improve. The students were motivated to respond the survey by providing an opportunity to take part in drawing tickets to a movie theater. The draw of movie tickets was announced in the accompanying email.

The survey was designed in a way to receive data to test the three hypotheses. The questions 1–6 asked demographic factors of the respondent, such as age, gender, year of studies, working experience from the health care sector, and preference of medical specialization. The next question (7) asked about how important specific functional and symbolic attributes are to the respondents when considering an attractive employer after graduation. The attributes selected to this question are tasks, salary and benefits, working atmosphere, working culture and communication, opportunities for career advancement, diversity of tasks, opportunities for education and development, employer reputation, opportunities for specialization, employer flexibility, balanced working life, employer's corporate social responsibility, patients, and convenient working hours. The question 8 asked respondents to describe the public health care sector in their own words. The next questions (9–10) asked the respondents to evaluate how specific attributes match to the public and private health care sectors as an employer. The attributes selected to these questions

to be evaluated are good salary and other benefits, good working atmosphere, interesting tasks, good reputation, positive working culture, fluent communication, flexible employer, opportunities for specialization, good opportunities for career advancement, opportunities to educate and develop professionally, balanced working and personal life, and convenient working hours. Further, question 11 asked what the respondents think about the public health care sector as an employer in terms of selected opposite attributes. The attributes to this question are respect, competitiveness, reliability, conservativity/modernity, and security.

The question 12 asked respondents to describe the employer reputation of the public health care sector. In addition, the question 13 asked the respondents to rate the employer reputation of the public health care sector in terms of different opposite attributes. Thus, the questions 12–13 seek to gain knowledge of employer reputation. To measure the questions 7, 9–11, and 13, ordinal scale was used. Likert5 was selected to the scale in which 1 represents strongly disagree and 5 represents strongly agree. The scale was chosen as the Likert5 was considered the most suitable scale for the purposes of this research. Five options for the respondents to express their opinions was viewed convenient. The questions 14–17 mapped employer attractiveness of the public health care sector. The entire questionnaire can be found in the appendices (appendix 1). Since the survey pool comprises of individuals whose language is Finnish the survey was designed in Finnish.

The validity of the research must be secured before conducting the study (Heikkilä, 2014, p. 27). To ensure the validity, the questions of the survey are based on the existing theory. As the survey uses mostly structured questions, the measurement utilizes clearly defined factors and previously tested measurement scale to ensure the validity of the research. In addition, the structure of the survey and the questions are simple contributing responding to the survey. The open questions of each subject were placed before closed questions, so the closed questions would not affect the open responses. In addition, to improve the validity of the survey, one medical student was asked to respond to the survey before publishing it. Testing the survey proved to be helpful as the respondent pointed out few inconsistencies. Thus, the survey was improved after receiving feedback: question 6 was added as a background question; one variable was added to the employer attributes and another

variable was rephrased to be clearer; questions 16–17 were added to provide deeper knowledge of employer attraction of the public health care sector. After improving the survey, it was ready and sent to the email list. The timeframe to collect data was 24.2.2020–15.3.2020. A reminder message of the survey was sent to the email list 9.3.2019.

As Deutskens et al. (2006) pointed out, completeness of the online survey can be insufficient. Similarly, the empirical examination in this thesis confronted challenges in completeness of the responses. In total, the survey link was opened 283 times and responding to the survey were started 162 times. However, the survey received in total 93 responses, thus the completion rate is 32,9 %. We use completion rate instead of response rate since the survey link was sent to the email list of medical students in the university of Oulu, thus it is impossible to know how many students have actually received the email.

To have reliable results, the target group must represent the whole population which is studied. (Heikkilä, 2014, p. 28). In this case the group of respondents represents the whole population of the survey, the medical students in the university of Oulu. The clear definition of the population and high response rate increases the validity (Heikkilä, 2014, p. 27). Though, the completion rate of the research was not very high even though the population of the research was defined clearly. Thus, Wilson (2014, p. 179) suggests completion rate of online survey might have been affected by for example technical difficulties. However, it is also possible that the students who received the link and opened it, but did not completed the survey, did not find the survey interesting enough to respond. In addition, the survey faced some challenges in terms of passing moderation of the email list. Thus, the survey and accompanying message was not published to the email list in the intended time but later. This may have as well affected to the completion rate.

#### **4.4 Data analysis techniques**

To analyze quantitative data, SPSS is suitable software for statistical analysis (Wilson, 2010, p. 158). As the survey incorporates mostly structured questions, SPSS is used to analyze the statistical data. To analyze the open questions, Microsoft Excel

was seen a suitable software. Excel was already familiar software so in terms of time resources it was selected to be the second tool for data analysis. In addition to Excel, NVivo software was used to analyze two open questions as the software provides features that fit better for analyzing these questions. Thus, Excel was used to analyze questions 8 and 12, whereas NVivo was used to analyze questions 15 and 17.

#### 4.4.1 Descriptive statistics and reliability analysis

The first thing after the data collection is to check for any errors in the cases themselves. Usually, it is needed to check if the data involves missing data, unengaged responses, or outliers. Missing data can be any kind of data that is missing by rows or columns. Though, missing of data was tried to minimize by making the closed questions compulsory when creating the survey with Webropol software. In addition, unengaged responses are generally those that do not reflect the real attitudes of the respondents. The risk of unengaged responses was tried to minimize by adding four open questions to the survey. This encouraged the respondents to share their true feelings and attitudes toward the asked questions. Furthermore, outliers are a value from a set of data that is inconsistent with the other values (Wilson, 2014, p. 335). Possibility of outliers can be evaluated by measuring standard deviation which measures the spread of data around the mean value (Wilson, 2014, p. 337). To analyze descriptive statistics and reliability of the data, the following analysis were selected: cross tabulations, one-way ANOVA, chi-squared test, correlation analysis and Cronbach's alpha.

##### *Cross tabulations*

Cross tabulation is statistical analysis to find out how two or more categorized set of variables affect each other. The cross-tabulation table shows the joint distribution of bivariate or multivariate data. The simple production of cross-tabulation is one of its advantage. In addition to, it provides easy comparison between data. However, the number and type of variables that will be added to the analysis must be evaluated since too many variables will have negative impact on the presentation of the table. (Wilson, 2014, p. 525.) Cross tabulation was seen as a suitable analysis tool for this thesis since it enables comparing two variables at the same time, and thus provides information of the connection between the variables.

### *One-way ANOVA analysis*

One-way ANOVA is an analysis of one-way variance. Analysis of variance tests differences between mean values of dependent variables that are selected to the analysis. The analysis tests the total range of variation by dividing it into variation inside the groups and variation between the groups. If the variation between the groups is significantly bigger than variation inside the groups, there is existing a difference between the groups. The null hypothesis is acceptable if the sig. value is more than a chosen level, e.g. 0,001, 0,005, 0,01, or 0,05. This analysis requires forming a null hypothesis that states there is no difference in the mean of a dependent variable across different groups of the sample. (Heikkilä, 2014, pp. 185, 210.) This analysis was selected as it enables testing if there is a difference between the selected variables.

### *Chi-squared test*

In addition to ANOVA, chi-squared test can be used to measure difference between observed and expected frequency. Chi-squared test is non-parametric test for testing nominal data. Similarly, the test requires forming null and alternative hypotheses. If the sig. value is lower than a chosen level, e.g. 0,001, 0,005, 0,01, or 0,05, the alternative hypothesis is accepted (Wilson, 2014, pp. 245–246). This analysis was selected as it similarly enables testing if there is a difference between the selected variables.

### *Reliability analysis*

To measure reliability, Cronbach's Alpha is chosen for the analysis. This analysis measures internal consistency in order to provide knowledge how closely related a set of items are as a group. With Cronbach's Alpha it is important to note that a reliability coefficient of 0,70 or higher is acceptable as a limiting value. (UCLA Statistical Consulting, 2020.) This analysis was selected since it helps measuring the reliability of variable patterns, such as the symbolic and functional employer attribute patterns.

### *Correlation analysis*

Correlation analysis aims to study if there is association between two variables. Correlation coefficient can be used to measure the extent to which variables are linearly related. Correlation coefficient is between  $-1$  and  $1$ . A value  $1$  represents a perfect positive correlation, whereas  $-1$  represents a perfect negative correlation. In addition, value  $0$  represents there is no linear relationship between the variables, thus the variables can be considered independent. (Wilson, 2014, p. 242.) In this thesis Pearson's correlation coefficient is used to measure association between the variables of the theoretical model.

#### 4.4.2 Qualitative content analysis process

To analyze the qualitative data received from the open questions, content analysis was seen the best data analysis technique involving progressive coding. The content analysis process using progressive coding involves three levels of coding, open, axial and selective, in order to discover meanings from the data (Williams & Moser, 2019). First to analyze the questions, the responses were checked if they have missing data. Each open question had some missing data thus those answers were excluded from the analysis. The missing of data varied from two responses to ten responses. In addition to, some of the responses include "I don't know" answers which were labelled to their own category and excluded from the analysis since they did not provide any content to analyze. Next, open coding was used to create a synthesis of the data. In open coding researchers analyze data through specific concepts and themes in order to find categories and subcategories (Williams & Moser, 2019; Wilson, 2014, p. 284).

The first step of analysing questions 8 and 12 in order to process data included open coding with color-codes in Excel to identify whether the responses are positive, negative, or neutral answers. The responses of both questions were separated into their own sheets to make the analysis clear. Then, each of the answers were coded either green, red or yellow representing positive, negative, or neutral tone. However, also blue colour was used with answers that signalled mixed feelings.

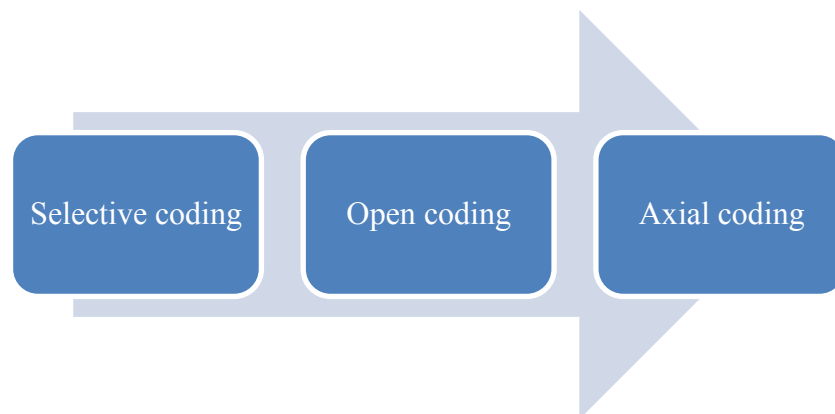
Next, the axial coding was conducted. In this phase, the codes are clarified and categorized into themes, enabling identification and categorization of relationships between the codes (Williams & Moser, 2019). The results of open coding went through again with axial coding, drawing the data into separate columns in order to synthesize the emerged core categories into different themes. Thereby, the most frequently appearing themes were identified and separated from the responses to own columns in Excel based on the color category. For instance, themes related to positive perceptions were reliability, and security/stability, whereas themes of negative perceptions were related for example to inflexibility and shortage of resource. In addition, it was considered if the categorized themes have relation to the functional and symbolic employer attributes that emerged from the theory. Lastly, the third level of coding was executed. In selective coding, the main themes or categories are selected and connected to other categories revealing their relationship to the main theme (Williams & Moser, 2019). As each of the questions collecting qualitative data was connected to their own main theme, the phase of selective coding was actually completed before open and axial coding. Therefore, selective coding was perhaps the easiest phase of the analysis as the questions of employer image and employer reputation were linked to their own themes directly. Lastly, findings of the analysis were reflected to the theory.

Further, NVivo was used to analyze questions 15 and 17 since the data labelling, could be made by creating nodes of the answers and posing the nodes under a specific folder. Color coding was not suitable for these questions since the responses were not positive or negative with their tone. With NVivo the open coding, axial coding and selective coding was conducted somewhat at the same time. Thus, the coding was organized in a way to categorize the responses to specific themes that could be found. The themes were posed under the folders of “public sector” and “private sector”. This helped and quicken the data labelling process. Similar to the coding process of the questions 8 and 12, the categories emerged the responses were reflected for example to the theory of functional and symbolic attributes. The responses provided information of the reasons why the students prefer the public or private health care sector as an employer after graduation and after medical specialization. As the numbers of employer preference were different between the



two questions, the content analysis provided useful information of the reasons for employer choice.

As NVivo was found to be handy software for content analysis, it was also used to code the questions 8 and 12 again to support the previous analysis with Excel. This time, color coding was not used, but the responses were coded straightly to different categories. The double coding helped finding some new aspects but also eased calculating exempli gratia the percentages how often a theme emerged. Furthermore, as one node could be posed to two or more folders at the same time. This helped creating synthesis between the identified categories and further connecting the categories to the theory. The findings of qualitative content analysis supported each other and provided insight to statistical analyses. Figure 4. present the simplified process of content analysis.



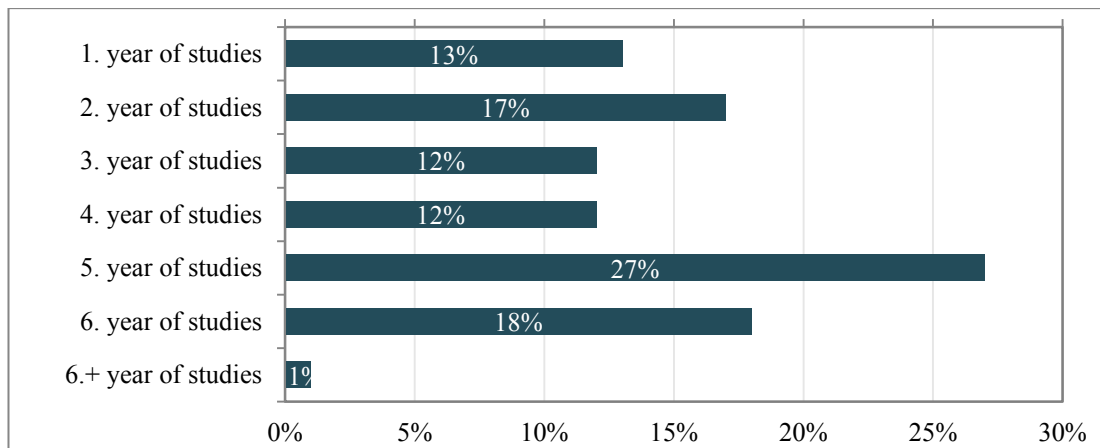
**Figure 4. Process of qualitative content analysis.**

## **5 RESULTS OF EMPIRICAL ANALYSIS**

This chapter focuses on presenting the results of the statistical analysis and qualitative content analysis. First, the chapter introduces the sample by describing the demographics of the sample. Next, the chapter concentrate on employer attributes, and after that to employer image. Furthermore, employer reputation of the public sector is analysed. After that, the chapter focuses on the relationships between employer image and employer attractiveness, as well between employer reputation and employer attractiveness. Lastly the results of qualitative content analysis are presented in order to see what kind of insight they can provide to the results of statistical analyses. In the last part the perceptions of the employer image and employer reputation are described. Also, the reasons for employer attractiveness of the public and private health care sectors are discussed.

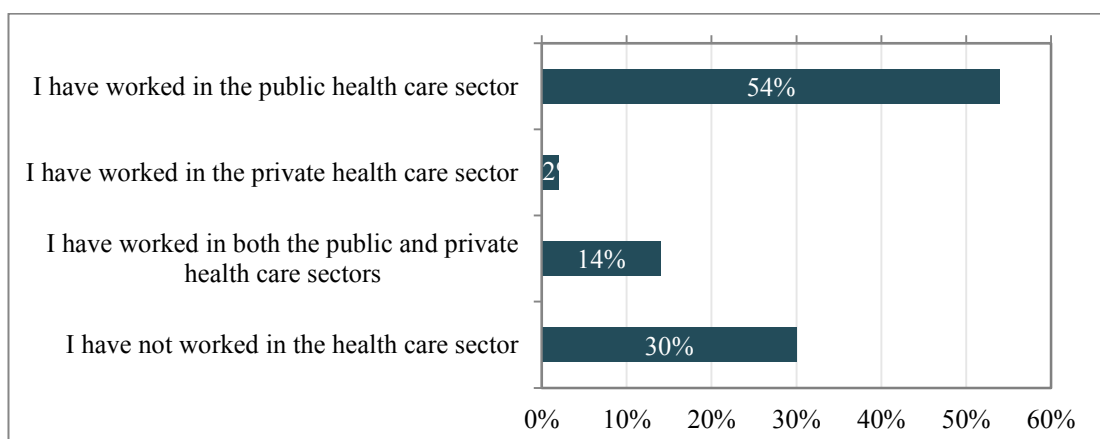
### **5.1 Description of the sample**

The sample of empirical research consists of 93 responses received from the medical students at the university of Oulu. 34 % of respondents were male and 66 % of respondents were female. The age distribution of respondents is between 19 and 40 years. Next, the respondents were asked to inform their year of studies. The sample involved students of each year. However, the sample had the most students from the fifth year, including 27 % of the respondents. Otherwise, the distribution of the respondents was quite even: 13 % of respondents studied their first year, 17 % of respondents studied their second year, 12 % of respondents studied their third year, 12 % of respondents studied their fourth year, 18 % of respondents studied their sixth year, and lastly 1 % of respondents studied their sixth plus year. Figure 5 summarizes the studying years of the respondents.



**Figure 5. Summary of the respondents' year of studies.**

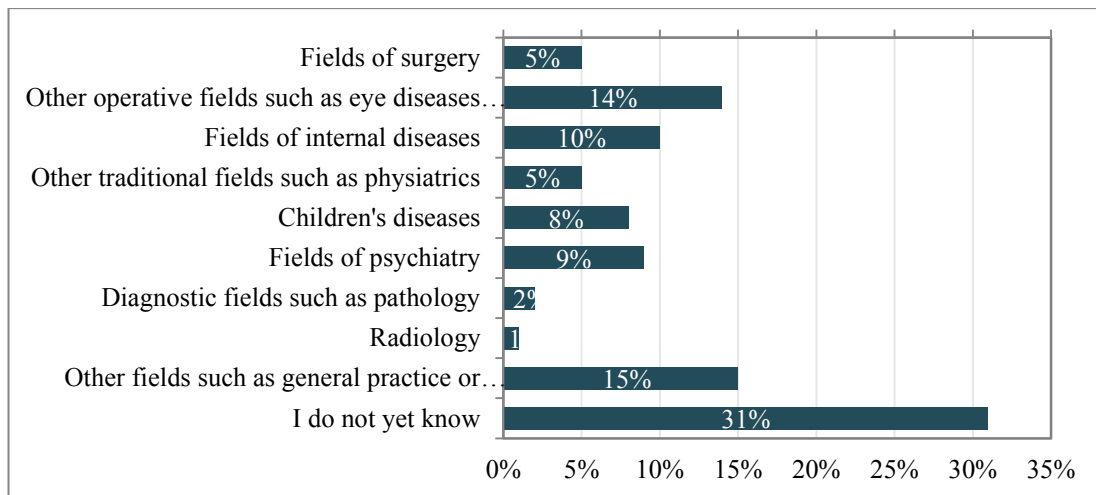
Further, the respondents were asked if they have worked in the public or private or both health care sectors before. 54 % of the respondents stated, they have working experience from the public health care sector and 2 % of the respondents pointed out, they have working experience from the private health care sector. In addition to, 14 % of the respondents brought out, they have working experience from the both public and private health care sectors. However, 30 % of the respondents brought forward, they do not have working experience of the health care sector. Thus, most of the respondents (70 %) have working experience from the health care sector in Finland and 68 % of the respondents have worked in the public health care sector. The figure 6 summarizes the working experience of the respondents.



**Figure 6. Summary of the respondents' working experience from the health care sector.**

In addition, the respondents that had answered they have working experience from the health care sector, were asked to respond how long (in months) they have worked in the health care sector. In this question, it was not possible to separate the public and private health care sectors as a result of limited features of Webropol. Thus, the length of respondents' working time was asked as a one question. 51 % of the respondents pointed out, they have working experience from one to six months from the health care sector. 31 % of the respondents brought out, they have working experience from 7 to 12 months from the health care sector, and 12 % of respondents brought forward, they have working experience from 13 to 17 months. In addition to, 5 % of the respondents stated, they have working experience between 18 and 24 months, and 1 % of the respondents noted, they have working experience more than 24 months.

Further, the respondents were asked which field of health care they wish to specialize after graduation. The answers varied strongly between the respondents. The majority group of the respondents (31 %) did not yet know which field of health care they prefer specialize. 5 % of the respondents wish to specialize to the fields of surgery. 14 % the respondents want to specialize to the other operative fields such as eye diseases, or ear, nose and throat diseases. 10 % of the respondents prefer to specialize to the fields of internal diseases whereas 5 % of the respondents prefer to specialize to the other traditional fields such as physiatry. In addition to, 8 % of the respondents want to specialize to children's diseases, and 9 % of the respondents want to specialize fields of psychiatry. Furthermore, 2 % of the respondents wish to specialize to diagnostic fields such as pathology, and 1 % of the respondents wish to specialize to radiology. Moreover, 15 % of the respondents prefer to specialize to other fields such as general practice or occupational health care. The figure 7 summarizes the variety between respondents' first choice of specialization.



**Figure 7. Summary of respondents' preference of specialization.**

## **5.2 Employer attributes**

Next, the respondents were asked to rate specific employer attributes in terms of how important they find them for themselves. The evaluated employer attributes are tasks, salary and benefits, working atmosphere, working culture and communication, opportunities for career advancement, diversity of tasks, opportunities for education and professional development, employer reputation, opportunities for specialization, employer flexibility, balanced working life, employer's CSR, patients, and convenient working hours. Further, the descriptive statistics of the employer attributes were analyzed. Thus, minimum and maximum values of each attribute were calculated. In addition to, mean and standard deviation of each value were analyzed. Mean measures the arithmetical average of a frequency distribution and standard deviation measures the dispersion of the data around the mean value (Wilson, 2014, pp. 244, 247).

The mean value was higher than 4,4 for attributes of tasks, working atmosphere, opportunities for education and development, and opportunities for specialization. Thus, these employer attributes can be considered as the most meaningful for the respondents. In addition to, the mean value was higher than 4 for attributes of working culture and communication, diversity of tasks, employer flexibility, balanced working life, and convenient working hours. Similarly, the standard deviation of these attributes was less than 1. As the standard deviation is not very

high, the responses are close to the mean value, meaning there is not high deviation between the responses. The descriptive statistics of employer attributes can be seen in the appendix 3.

Next, examining closer the attributes that emerged from the descriptive statistics. Thus, the attributes of tasks, working atmosphere, opportunities for education and development, and opportunities for specialization are looked closer with crosstabulation analysis. The data is analyzed with cross tabulations by comparing the responses of the attributes with the respondents' working experience. First, the analysis showed that there was zero missing data. Next, the crosstabulation showed, the respondents who had working experience, considered the tasks more important attribute compared to the respondents without working experience. Majority of the respondents having working experience, 80 %, evaluated tasks as very important employer attribute, whereas 67,9 % of the respondents without working experience considered the attribute very important. However, as the p-value of chi-squared test is 0,189, there is not statistically significant difference between the respondent groups. Table 2 presents the results of the first crosstabulation analysis.

**Table 2. Influence of working experience to importance of tasks.**

		Working experience	No working experience	Total
Tasks	Neutral		3,6%	1,1%
	Somewhat important	20,0%	28,6%	22,6%
	Very important	80,0%	67,9%	76,3%
Total		100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,189$

Next, the influence of working experience to the evaluation of working atmosphere was examined. In this case, the crosstabulation analysis showed, there is not much difference between the respondent groups. 72,3 % of the respondents who have working experience evaluated the working atmosphere to be very important attribute, and similarly 75 % of the respondents who have not working experience considered working atmosphere very important. As the p-value of chi-squared test is 0,4, there is not statistically significant difference between the groups. Table 3 presents the results of the crosstabulation analysis regarding importance of attribute of working atmosphere.

**Table 3. Influence of working experience to importance of working atmosphere.**

		Working experience	No working experience	Total
Working atmosphere	Not somewhat important		3,6%	1,1%
	Neutral	1,5%		1,1%
	Somewhat important	26,2%	21,4%	24,7%
	Very important	72,3%	75,0%	73,1%
Total		100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,4$ 

Further, the crosstabulation analysis focused on attribute of opportunities for education and development. The analysis showed, there are differences between respondent groups' evaluation. 64,6 % of the respondents with working experience evaluated opportunities for education and development very important. On the other hand, only 39,3 % of the respondents without working experience considered the attribute very important. However, in this case as the p-value of chi-squared test is 0,023, there is statistically significant difference between the groups at significance level 0,05. Table 4 summarizes the results of the crosstabulation analysis.

**Table 4. Influence of working experience to importance of opportunities for education and development.**

		Working experience	No working experience	Total
Opportunities for education and development	Not somewhat important		3,6%	1,1%
	Neutral	12,3%	7,1%	10,8%
	Somewhat important	23,1%	50,0%	31,2%
	Very important	64,6%	39,3%	57,0%
Total		100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,023$ 

Lastly, focusing on the influence of working experience to the attribute of opportunities for medical specialization. The crosstabulation analysis showed, there is not big difference between the responses of the two groups. 55,4 % of the respondents with working experience considered opportunities for medical specialization very important, and similarly 60,7 % of the respondents without working experience evaluated the attribute to be very important. Though, it was interesting to see, slightly bigger group of respondents without working experience considered opportunities for specialization very important. However, the results

between the two groups are not statistically significant as the p-value of chi-squared test is 0,825. Table 5 presents the results of the crosstabulation analysis.

**Table 5. Influence of working experience to importance of opportunities for specialization.**

		Working experience	No working experience	Total
Opportunities for specialization	Not somewhat important	1,5%	3,6%	2,2%
	Neutral	6,2%	7,1%	6,5%
	Somewhat important	36,9%	28,6%	34,4%
	Very important	55,4%	60,7%	57,0%
Total		100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,825$

### 5.3 Employer image

#### 5.3.1 Formulation of the employer image

Next, the respondents were asked to evaluate how the specific attributes fit to the public sector as an employer. The attributes that were evaluated are: good salary and other benefits, good working atmosphere, interesting tasks, good reputation, positive working culture, fluent communication, caring employer, flexible employer, opportunities for specialization, good opportunities for career advancement, opportunities to educate and develop professionally, balance working and personal life, and convenient working hours.

Further, the descriptive statistics of employer attributes regarding the public health care sector were analyzed. The attributes of interesting tasks, opportunities for specialization, and opportunities for career advancement received the highest mean values being more than value 4. Thus, these attributes can be seen the employer characteristics that the respondents attach mostly to the public health care sector as an employer. In addition, the attributes of good salary and other benefits, good reputation, fluent communication, and employer flexibility reached the lowest values of mean, being less than value 3. The standard deviation of the attributes was less than 1 or close to it, meaning there is not high deviation between the evaluation of the attributes. The summary of the descriptive statistics regarding employer attributes of the public health care sector can be found from the appendix 4.



In addition, the respondents were asked what they think of the public health care sector as an employer in terms of respect, competitiveness, reliability, conservativity/modernity, and security. Descriptive statistics showed, the respondents' evaluation of each characteristic was quite neutral since none of mean or median of the attributes reached close to values of 1 or 5. Though, few characteristics slightly stood out. The characteristics of reliability and security reached the highest values of mean exceeding the value 4. Moreover, the standard deviation of each variable is not very high, being less than 1 or near to 1, meaning there is not high deviation between the responses. Furthermore, the characteristics of conservativity/modernity received the lowest mean, 2,77, thus the public health care sector is seen a bit more conservative than modern. The descriptive statistics of the public health care sector's employer image are presented in the appendix 5.

### 5.3.2 Relationship between employer image perceptions and working experience

Further, the relationships between the employer image and respondents' working experience was examined. For this purpose, a sum variable of employer image was created. The sum variable consists of the employer attributes of the public health care sector (see appendix 4). First, the reliability of the employer attributes, measuring the employer image, was tested. As Cronbach's Alpha received a result of 0,828, exceeding the limiting value of 0,7, the attributes of the measurement can be considered reliable. Next, a sum variable of employer image was created based on respondents' positive and negative evaluation of the employer attributes. The respondents who evaluated the employer image with the values 1 and 2, were viewed perceiving the employer image as negative. In addition to, the respondents who evaluated the employer image with the values 4 and 5, were seen perceiving the employer image as positive. Though, the responses that evaluated the attributes with value 3, were labelled into own category in order to be excluded from the analysis.

Next, the sum variable of employer image was cross tabulated with the respondents' working experience in order to see if that has influence on their perception. The crosstabulation analysis showed that major group of the respondents (73,1 %) perceived the employer image as negative and minor group (23,7 %) perceived the employer image as positive. In addition, the respondents who had worked in the

health care sector, evaluated the employer image positively compared to the respondents, who have not working experience. 29,2 % of the respondents with working experience, considered the employer image as positive, whereas only 10,7 % respondents without working experience, evaluated the employer image negatively. Similarly, the situation was the same other way around. 82,1% of the respondents who have not working experience, considered the employer image as negative, whereas 69,2 % of the respondents who have working experience, evaluate the employer image negatively. Based on this, the working experience has influence on the positive perceptions of the employer image. However, the result is not statistically significant as the p-value of chi-squared test is 0,075, although being close to 0,05. Table 6 summarizes the result of the crosstabulation regarding the respondents' employer image perceptions of the public sector and their working experience.

**Table 6. Crosstabulation of respondents' working experience and employer image perceptions.**

	Working experience	No working experience	Total
Excluded	1,5%	7,1%	3,2%
Negative image	69,2%	82,1%	73,1%
Positive image	29,2%	10,7%	23,7%
Total	100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,075$

In addition, the relationship between employer image and working experience was examined with Pearson's correlation analysis. As the correlation coefficient is -0,232, there is low negative correlation between the variables. Thus, there is low negative relationship between employer image and working experience. The result is statistically significant at level 0,05. The result of Pearson's correlation analysis can be seen from the appendix 6.

### 5.3.3 Influence of symbolic and functional attributes to employer image

As the theory suggest symbolic and functional employer attributes affecting the formulation of employer image, the relationship between these factors are examined. In order to test the relationship between functional and symbolic employer attributes and employer image, sum variables of the both employer attribute categories were

created. Ten attributes were selected to the symbolic sum variable and three attributes were selected on the functional sum variable based on the categorization of the table 1. Therefore, the sum variables do not include same number of attributes as there is less functional attributes in the adapted measurements.

### *Symbolic attributes*

The symbolic sum variable consists of the attributes of good working atmosphere, good reputation, positive working culture, caring employer, opportunities for specialization, opportunities for career advancement, opportunities to educate and develop professionally, balanced working and personal life, and convenient working hours. Some of these attributes, such as opportunities for specialization and opportunities for career advancement, could have also turned into functional sum variable, however, the formulation of the sum variables was following Srivastava and Bhatnagar's (2010) labelling principle. Due to this, the opportunities for medical specialization and opportunities for career advancement were selected to symbolic sum variable. The crosstabulation analysis was executed comparing the evaluation of the symbolic and functional sum variables with the respondents' year of studies. Related to this the respondents were divided into two groups based on their year of studies. The first group consists of students from first to fourth years, and the second group consists of students from fifth to later years of students. By these means can be examined if there are differences between the two groups in terms of their perceptions.

First, the reliability of the sum variables was examined in order to gain knowledge if the attribute patters that formed the sum variables are reliable. The reliability was tested with Cronbach's Alpha. The analysis showed that the result of the symbolic attributes is 0,805, exceeding the limiting value 0,7. Thus, the pattern of symbolic attributes can be considered reliable from this perspective.

The crosstabulation of the symbolic sum variable showed that 21,5 % of the respondents agreed the symbolic attributes fitting well to the public health care sector as an employer. However, 75,3 % of the respondents disagreed in terms of the fit of the symbolic attributes to the public sector. The respondents of the fifth or later years evaluated the fit of the symbolic attributes more positively compared to the students

of lower years. 32,6 % of the students of fifth or later years agreed in terms of the fit of symbolic attributes, whereas only 12 % of the students of lower years agreed of the fit of these attributes. Based on this can be considered, the students of later years evaluate the fit of the symbolic attributes more positively. Perhaps this have also connection to working experience. However, as the p-value of chi-squared is 0,054, being close to the limiting significance value, the difference between the respondent groups can be considered somewhat suggestive, although they are not yet statistically significant. Table 7 presents the results of the crosstabulation between the respondents' year of studies and evaluation of the symbolic employer attributes.

**Table 7. Crosstabulation of respondents' year of studies and evaluation of the symbolic attributes.**

Fit of symbolic attributes	Students of 1 to 4 years	Students of 5+ years	Total
Neutral	4,0%	2,3%	3,2%
Disagree	84,0%	65,1%	75,3%
Agree	12,0%	32,6%	21,5%
Total	100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,054$

In addition, the correlation coefficient between the variables was examined. Pearson's correlation received a result of 0,24, meaning there is low positive correlation between the variables of respondents' year of studies and symbolic sun variable. The correlation coefficient is statistically significant at level 0,05. This means there is significant low positive relationship between the variables. The result of correlation analysis can be found from appendix 7.

Further, the influence of respondents' working experience to their evaluation of the symbolic employer attributes wanted to examine, in order to see if there are any difference compared to the above analysis. For this purpose, the respondents were divided into two groups based on their working experience from the health care sector. Thus, the variables of working experience and symbolic attributes were cross tabulated. Similar to above analysis, the crosstabulation showed, majority of the respondents disagree of the fit of symbolic employer attributes. However, the respondents who evaluated the symbolic attributes fitting to the public sector, have working experience from the health care sector. Related to this, 27,7 % of the respondents who have working experience from the sector, agreed in terms of the fit

of the symbolic attributes, whereas only 7,1 % who have not experience, agreed of the fit of the attributes. As the p-value of chi-squared test is 0,086, the difference between the groups is not statistically significant. Table 8 summarizes the results of the crosstabulation analysis.

**Table 8. Crosstabulation of respondents' working experience and evaluation of the symbolic attributes.**

Fit of symbolic attributes	Working experience	No working experience	Total
Neutral	3,1%	3,6%	3,2%
Disagree	69,2%	89,3%	75,3%
Agree	27,7%	7,1%	21,5%
Total	100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,086$

Moreover, the variables were examined with Pearson's correlation coefficient. The result of the analysis is -0,209, indicating there is low negative correlation between the variable of working experience and symbolic attributes. This means there is low negative association between the variables. The result is statistically significant at level 0,05. The result of Pearson's correlation coefficient is presented in the appendix 7.

Further, the differences between the respondents' evaluation of the symbolic attributes in terms of their year of studies and working experience was examined with the one-way ANOVA. For analysis of variance, a null hypothesis and alternative hypothesis were created. The null hypothesis is: There is not statistically significant difference between the respondent groups in terms of symbolic employer attributes. In addition to, the alternative hypothesis is: There is statistically significant difference between the respondent groups in terms of symbolic employer attributes. First, the analysis of variance was tested for background variable of respondents' year of studies. As the significance level ANOVA is 0,021, being less than the limiting significance level 0,05, the result shows there is statistically significant difference between the respondent groups. In addition, the analysis received a result of 0,045 comparing the evaluation of symbolic attributes in terms of respondents' working experience. Similarly, this value is below the limiting significance level 0,05. Based on this, the alternative hypothesis is accepted for the both background variables. The results of ANOVA are presented in the appendix 8.

### *Functional attributes*

Next, focusing on the functional employer attributes. Similar to symbolic attributes, a sum variable was created of the functional attributes, which consists of attributes of tasks, salary and economic benefits, and employer flexibility. Also, the reliability of functional sum variable was examined with the Cronbach's Alpha. The Alpha received a value of 0,538 for the functional attributes. Due to this, the reliability of the functional attribute pattern can be questioned. The number of functional attributes can be assumed affecting the reliability of the sum variable as the variable is consisting of only three attributes. However, the statistical analyses were still executed.

In order to examine differences between respondent groups, the sum variable was cross tabulated first with the respondents' year of studies. The crosstabulation showed, majority of the respondents disagreed of the fit of functional employer attributes. However, the respondents who studied their fifth or later year, evaluated the fit of functional attributes more positively compared to the students of lower years. Thus, 41,9 % of the respondents of fifth or later years agreed that the functional attributes fit to the public health care sector as an employer. On the other hand, most of the respondents who studied their fourth or lower years (74,0 %), disagreed of the fit of functional attributes. As the p-value of chi-squared test is 0,012, there is statistically significant difference between the respondent groups. Table 9 summarizes the result of crosstabulation in terms of the respondents' year of studies and evaluation of functional employer attributes.

**Table 9. Crosstabulation of respondents' year of studies and evaluation of the functional attributes.**

Fit of functional attributes	Students of 1 to 4 years	Students of 5+ years	Total
Neutral	10,0%	2,3%	6,5%
Disagree	74,0%	55,8%	65,6%
Agree	16,0%	41,9%	28,0%
Total	100,0%	100,0%	100,0%

Significance level of 0,05,  $p = 0,012$

In addition, the correlation coefficient between year of studies and functional sum variable was examined. In this case, Pearson's correlation coefficient is 0,306, indicating there is low positive correlation between the variables. Based on this, there is low positive association between the variables. The correlation coefficient is statistically significant at level 0,01. The result of Pearson's correlation can be found from appendix 7.

Further, the fit of functional attributes was examined also in terms of respondents' working experience. The crosstabulation analysis showed, 35,4 % of the respondents' who have working experience from the health care sector, agreed of the fit of functional attributes, whereas only 10,7 % of the respondents who have not working experience agreed of the fit of the attributes. In addition, 82,1 % of the respondents who disagreed of the fit of functional attributes, have not working experience. Moreover, as the p-value of chi-squared test is 0,051, being near to the limiting significance level, the difference between the respondent groups are only suggestive, but not statistically significant. The table 10 summarizes the results of the crosstabulation analysis.

**Table 10. Crosstabulation of respondents' working experience and evaluation of the functional attributes.**

Fit of functional attributes	Working experience	No working experience	Total
Neutral	6,2%	7,1%	6,5%
Disagree	58,5%	82,1%	65,6%
Agree	35,4%	10,7%	28,0%
Total	100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,051$

Moreover, the connection between these variables was tested with Pearson's correlation coefficient. Thus, the correlation coefficient is -0,216, meaning there is low negative correlation between the variables. The correlation coefficient is statistically significant at level 0,05. The result of Pearson's correlation coefficient can be found from appendix 7.

Similar to examining symbolic attributes, the differences between the respondent groups were examined further with one-way ANOVA. Thus, null hypothesis and

alternative hypothesis were created in order to execute the analysis. The null hypothesis is: There is not statistically significant difference between the respondent groups in terms of functional employer attributes. The alternative hypothesis is: There is statistically significant difference between the respondent groups in terms of functional employer attributes. The ANOVA resulted in terms of respondents' year of studies significance level of 0,003, being less than the significance level 0,05 and 0,01. Due to this, there is statistically significant difference between the respondent groups in terms of year of studies. In addition, with the functional sum variable and the respondents' working experience, the analysis of variance resulted the significance level of 0,038. Thus, the result was below the significance level 0,05, meaning the differences between the respondent groups are statistically significant. Therefore, the alternative hypothesis is accepted with both cases. The results of ANOVA can be found from the appendix 8.

Lastly, the relationship between the symbolic and functional sum variables was examined with Pearson's correlation analysis. The correlation coefficient received a result of 0,398. This means there is low positive correlation between the variables. However, as the result is close to 0,4, the correlation can be considered as somewhat medium. The correlation coefficient is statistically significant at level 0,01. Thus, there is low or nearly medium positive association between symbolic and functional sum variables. Appendix 7 presents the results of Pearson's correlation analysis.

#### **5.4 Employer reputation**

Next, the employer reputation of the public health care sector was examined. First, a sum variable was created of the employer reputation variables of the public health care sector similarly than with the previous hypotheses. The variables that constitute the sum variable are overall reputation, liking, pleasantness, and impression. Before creating the sum variable of employer reputation, the reliability of the variables was tested with Cronbach's Alpha. The result of the Cronbach's Alpha is 0,915, exceeding the limiting value of 0,7, and thereby the measurement can be considered reliable. Next, looking into the creation of the sum variable which is based on the respondents' positive or negative perceptions. Due to this, the responses that evaluated the variables of employer reputation with value 3, were excluded of the



positive or negative perceptions. The responses that evaluated the variables of employer reputation with values 1 and 2, formulated the negative perception of the reputation. On the contrary, the responses that evaluated the variables of employer reputation with values 4 and 5, formulated the positive perception of the reputation.

#### 5.4.1 Relationship between year of studies and evaluation of employer reputation

The effect of respondents' year of studies was to perceptions of employer image of the public health care sector was examined with crosstabulation analysis. The analysis showed, 34,4 % of the respondents considered the employer reputation as positive, whereas 41,9 % evaluated the reputation as negative. In addition, the respondents whose studies had proceeded longer, evaluated the employer reputation more positively compared to the students of lower years. Related to this, 44,2 % of the respondents who considered the reputation as positive were fifth or later year students considered the reputation as positive, whereas 26 % of the students of fourth or lower year evaluated the reputation as positive. On the other hand, 50 % of the fourth or lower year of students considered the employer reputation of public sector as negative, whereas 32,6 % of the later year of students evaluated the reputation as negative. Based on this, there is difference between the perceptions of employer reputation in terms of the respondents' year of studies, however, the result is not statistically significant as the p-value of chi-squared test is 0,142. Table 11 presents the results of crosstabulation analysis.

**Table 11. Crosstabulation of respondents' year of studies and perceptions of employer reputation**

	Students of 1 to 4 years	Students of 5+ years	Total
Excluded	24,0%	23,3%	23,7%
Negative reputation	50,0%	32,6%	41,9%
Positive reputation	26,0%	44,2%	34,4%
Total	100,0%	100,0%	100,0%

Significance level 0,05, p = 0,142

In addition, the relationship between the variables of employer reputation and year of studies was examined with Pearson's correlation analysis. The analysis showed, there is low positive correlation (0,125) between the variables. This means the

variables have low positive association between each other. However, the result is not statistically significant. The result of Pearson's correlation coefficient can be found from appendix 9.

#### 5.4.2 Relationship between working experience and evaluation of employer reputation

Next, the influence of working experience to respondents' evaluation of employer image was examined with crosstabulation analysis. In this case, the employer reputation was divided into positive and negative perceptions. However, the neutral perceptions were excluded from the analysis. The analysis showed, the respondents' who have working experience from the health care sector have more positive perceptions of the employer reputation compared to the respondents' who does not have working experience. 43,1 % of the respondents who have working experience, evaluated the reputation as positive, whereas only 14,3 % of the respondents who does not have experience, evaluated the reputation as positive. In addition, 57,1 % of the respondents who does not have experience, considered the employer reputation as negative, whereas 35,4 % of the respondents who have experience, viewed the reputation as negative. As the p-value of chi-squared test is 0,025, there is statistically significant difference between the two respondent groups, at the significance level 0,05. Thus, it can be considered working experience affects the perceptions of employer reputation. Table 12 presents the result of crosstabulation analysis.

**Table 12. Crosstabulation of working experience and perceptions of employer reputation.**

	Working experience	No working experience	Total
Excluded	21,5%	28,6%	23,7%
Negative reputation	35,4%	57,1%	41,9%
Positive reputation	43,1%	14,3%	34,4%
Total	100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,026$

The relationship between employer reputation and working experience was examined further with Pearson's correlation analysis. The result of correlation coefficient is - 0,218, meaning there is low negative correlation between variables of working

experience and employer reputation. The result is statistically significant at level 0,05. Due to this can be said, there is low negative association between the variables. The result of Pearson's correlation analysis can be seen from the appendix 8.

## **5.5 Employer attractiveness**

The respondents were asked to evaluate their employer preference after their graduation, and after their medical specialization in order to see if there are differences between employer attractiveness. 82 % of the respondents prefer working in the public sector after graduation, whereas 18 % prefer working in the private sector. However, there is difference between the variables, as the attractiveness of the private health care sector increases after medical specialization. Thus, 31 % of the respondents prefer working in the private sector after medical specialization, whereas 69 % of the respondents prefer working in the public health care sector. The factors affecting employer attractiveness are examined further with statistical analysis, by first testing the relationship between employer image and employer attractiveness, and then testing the relationship between employer reputation and employer attractiveness.

### **5.5.1 Relationship between employer image and employer attractiveness**

In order to go deeper with the analysis, the employer image sum variable was compared with employer attractiveness. Thus, the positive and negative perceptions of the employer image were compared with the respondents' employer attractiveness after their graduation and medical specialization.

#### *Relationship between employer image and employer attractiveness after graduation*

First, the influence of employer image was analyzed by cross tabulating the sum variable of employer image with the respondents' employer preference after graduation. The crosstabulation analysis showed that 90,9 % of the respondents who have positive employer image prefer working in the public health care sector. However, the analysis also revealed, 77,9 % of the respondents who have negative employer image prefer working in the public health care sector after graduation. The

reason for this can be considered the respondents' aspiration to conduct medical specialization after graduation. Based on this can be thought, the respondents view the public sector offering better opportunities for medical specialization compared to the private sector. Though, as the p-value of chi-squared test is 0,277, there is not statistically significant difference between employer image perceptions and its influence of employer attractiveness after graduation. Table 13 presents result of crosstabulation of the effect of the respondents' employer image perceptions to their employer attractiveness after graduation.

**Table 13. Influence of employer image of the public health care sector to respondents' employer preference after their graduation.**

	Excluded	Negative image	Positive image	Total
Public health care sector	100,0%	77,9%	90,9%	81,7%
Private health care sector	0,0%	22,1%	9,1%	18,3%
Total	100,0%	100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,277$

The differences between the groups of employer image were examined further with ANOVA analysis. For this purpose, null hypothesis and alternative hypothesis were created. The null hypothesis is: There is not statistically significant difference between the group in terms of employer preference after graduation. The alternative hypothesis is: There is statistically significant difference between the groups in terms of employer preference after graduation. The significance level of ANOVA is 0,284, thus the null hypothesis is accepted, and alternative hypothesis rejected. Based on this, there is not statistically significant difference between the employer image perceptions affecting the employer respondents' preference after their graduation.

Furthermore, the relationship between the employer image and employer attractiveness was examined with Pearson's correlation analysis. The analysis showed, there is very low negative correlation (-0,086) between employer image and employer attractiveness after respondents' graduation. Though, the result is not statistically significant. Based on this, there is not statistically significant relationship between employer image and employer attractiveness after graduation. The results of Pearson's correlation analysis can be found from appendix 10.

*Relationship between employer image and employer attractiveness after specialization*

Next, the influence of employer image perceptions is compared to the respondents' employer attractiveness after medical specialization. For this reason, the employer image sum variable was cross tabulated with employer preference after specialization. The crosstabulation analysis showed, 90,1 % of the respondents who perceived the employer image positive prefer employing at the public health care sector after medical specialization. The number is the same compared to the respondents' employer preference after graduation. However, the number of respondents who have negative employer image but prefer working in the public sector, decreases after medical specialization. When the number of the respondents preferring employ at the public health care sector was 77,9 % after graduation, it is 60,3 % after specialization. Probably the completion of medical specialization and negative perception together affect the employer attractiveness of the private sector. However, it is interesting to see 60,3 % of the respondents who have negative employer image prefer still working in the public sector. As the result of chi-squared test is 0,013, there is statistically significant difference at level 0,05 between employer image perceptions and employer attractiveness after specialization. Table 14 shows the result of the crosstabulation regarding the respondents' employer image perceptions and employer attractiveness after their medical specialization.

**Table 14. Influence of employer image of the public health care sector to respondents' employer preference after their medical specialization.**

	Excluded	Negative image	Positive image	Total
Public health care sector	100,0%	60,3%	90,9%	68,8%
Private health care sector	0,0%	39,7%	9,1%	31,2%
Total	100,0%	100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,013$

Further, the differences between the groups in terms of employer image and employer preference was examined with analysis of variance. Similar to previous analysis, null hypothesis and alternative hypothesis were created. Hence, the null hypothesis is: There is not statistically significant difference between the group in terms of employer preference after specialization. The alternative hypothesis is:

There is statistically significant difference between the groups in terms of employer preference after specialization. The significance level of ANOVA analysis is 0,012, being less compared to the above ANOVA analysis. Also, the result of 0,012 is less than the limiting significance level 0,05. Thus, the null hypothesis is rejected, and alternative hypothesis is accepted. Due to this, there can be considered statistically significant difference between the respondents' employer image perceptions and their employer preference after medical specialization.

Moreover, the association between employer image and employer attractiveness was examined with Person's correlation coefficient. According to the analysis, there is low negative correlation (-0,191) between employer image and employer attractiveness after respondents' medical specialization. However, the results are not statistically significant. Appendix 10 presents the results of Pearson's correlation analysis.

#### 5.5.2 Relationship between employer reputation and employer attractiveness

Next, the relationship between employer reputation and employer attractiveness is examined. Similar to examining the relationship between employer image and employer attractiveness, the employer reputation perceptions are compared with employer attractiveness.

First, the relationship between employer reputation and employer attractiveness after respondents' graduation was examined with crosstabulation analysis. The analysis showed, 81,3 % of the respondents who perceived the employer reputation as positive, prefer working in the public health care sector after graduation. However, also 84,6 % of the respondents who perceived the employer reputation as negative, prefer working in the public sector after graduation. Thus, in this case, the negative employer reputation does not affect significantly negatively to the employer attractiveness. In addition, as the result of chi-squared test is 0,773, there is not statistically significant difference between the employer reputation perceptions and employer attractiveness after graduation. Table 15 presents the result of crosstabulation analysis in terms of employer reputation and the respondents' preference of employer attractiveness after graduation.

**Table 15. Influence of employer reputation of the public health care sector to respondents' employer attractiveness after their graduation.**

	Excluded	Negative reputation	Positive reputation	Total
Public health care sector	77,3%	84,6%	81,3%	81,7%
Private health care sector	22,7%	15,4%	18,8%	18,3%
Total	100,0%	100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,773$

In addition, the employer reputation sum variable was cross tabulated with the respondents' employer preference after their medical specialization. The crosstabulation analysis showed that the same number of respondents who perceived the employer reputation as positive (81,3 %), prefer working in the public health care sector after specialization. Although the number of respondents who perceive the employer reputation as negative but prefer working in the public health care sector decreased, still 61,5 % of these respondents prefer working in the sector after specialization. As pointed out with testing relationship between employer image and employer attractiveness, the opportunities for medical specialization has positive effect on employer attraction. Moreover, bigger group of the respondents who perceived the employer reputation as negative, prefer working in the private sector after medical specialization. Based on this, positive reputation can be considered affecting positively to employer attractiveness, and similarly negative reputation affecting negatively after specialization. However, the differences between the respondent groups are not statistically significant, as the p-value of chi-squared test is 0,17. The table 16 shows the result of crosstabulation analysis of the employer reputation of the public health care sector and respondents' employer preference after medical specialization.

**Table 16. Influence of employer reputation of the public health care sector to the respondents' employer attractiveness after medical specialization.**

	Excluded	Negative reputation	Positive reputation	Total
Public health care sector	63,6%	61,5%	81,3%	68,8%
Private health care sector	36,4%	38,5%	18,8%	31,2%
Total	100,0%	100,0%	100,0%	100,0%

Significance level 0,05,  $p = 0,170$

Further, the results of the crosstabulation analyses were examined further with ANOVA analysis in order to find out if there is statistically significant difference

between the employer reputation perceptions in terms of employer preference. Thus, null hypothesis and alternative hypothesis were created for the analysis. According to  $H_0$ , there is not statistically significant difference between the employer reputation perceptions and employer preference. According to the alternative  $H_1$ , there is statistically significant difference between the employer reputation perceptions and employer preference. First, looking into the results of ANOVA considering the respondents' employer preference after their graduation. The significance level of the analysis is 0,779, resulting in there is no statistically significant difference between the employer reputation perception. Thus, the null hypothesis is accepted, and alternative hypothesis rejected. Secondly, looking into the results of ANOVA in terms of respondents' employer preference after medical specialization. In this case, the result of significance level is lower, 0,174. Similarly, the result is not statistically significant and therefore the null hypothesis is accepted with this case. The result of ANOVA analysis of employer reputation perceptions can be found from appendix 11.

Lastly, correlation coefficient was examined with Person's correlation analysis in order to see, whether there is connection between employer reputation and employer attractiveness. The analysis showed, there is very low negative correlation (-0,031) between employer reputation and employer attractiveness after respondents' graduation. Based on this, there is not linear dependency between the variables. In addition, there is low negative correlation (-0,157) between employer reputation and employer attractiveness after medical specialization. Though, the results are not statistically significant.

However, the correlation coefficient was also examined between employer attractiveness after graduation and employer attractiveness after specialization. Based on this, there is low positive correlation (0,282) between the variables. The coefficient is statistically significant at level 0,01. In addition, the correlation analysis was expanded to examine the relationship between employer reputation and employer image. Thus, it was interesting to see, there is medium positive correlation (0,417) between employer image and employer reputation, being significant at 0,01 level. Due to this, the correlation between these attributes is stronger compared to the



relationship between variables of employer image or reputation and employer attractiveness. The results of Pearson's correlation can be found from appendix 10.

## **5.6 Results of qualitative content analysis**

The purpose of qualitative content analysis is to provide insight to the concepts of employer branding in addition to statistical analysis. First, the sun-chapter focuses on the perceptions of employer image, and then moves on the perceptions of employer reputation. Lastly, the perceptions of employer attractiveness are discussed in order to find out, what are the factor affecting the employer attractiveness of both health care sectors. The examples of qualitative content analysis can be seen from the appendices 12, 13 and 14.

### **5.6.1 Perceptions of the employer image**

The respondents were asked how they would describe the public health care sector as an employer. The question included two responses missing data, thus these responses were excluded from the analysis. The qualitative content analysis showed over third of the responses included both positive and negative opinions but also mixed feelings. In addition to, third of the responses were solely positive and approximately fifth of the responses were solely negative. The rest of the responses were neutral in their nature or the respondents had not working experience in which they would have based their attitudes and opinions.

#### *Positive perceptions*

The positive descriptions were mostly related to the reliability, stability, and security of the public health care sector as an employer. Nearly fifth of the positive responses pointed out the reliability, security and stability of the public health care sector. These findings have connection to prior presented analysis of the employer image. However, the content analysis provided depth to the characteristic of reliability, as it is involving aspects such as fairness, honesty, equality, and following collective agreements. Related to this, the public health care sector was described as:

“Honest and equal”

“There are not problems with (collective) agreement, and oneself doesn’t need to make sure the contracts are correct and reliable unlike in the private sector.”

Thus, the respondents who shared these feelings consider the public health care sector as an employer that can be trusted. Perhaps the situation is not always the same in the private sector, as this aspect could be read between the lines of the responses. In addition to, the respondents described the sector providing interesting and diverse tasks. In addition, the support from colleagues was considered was important factor increasing employer attractiveness. This perspective can be seen related to working atmosphere as well as working culture and communication. Furthermore, the public health care sector was described as an employer who shares great responsibility in the society. The respondents emphasized the corporate social responsibility of the public health care sector, and from that perspective it was seen as a significant employer. Also, corporate social responsibility can be seen related to employer engagement as it affects positively to motivation.

“Public health care is essential part of affluent society, and every graduating doctor should work at least some (preferably majority) of their career in the public sector.”

“I want to work in the public sector at least after graduation, preferably more than in one place. In my opinion public sector is reasonable workplace and extremely important part of Finnish healthcare system, thus I would be motivated to work there.”

#### *Contradictory or negative perceptions*

However, nearly half of the respondents who had mixed feelings, stressed the variety between employer in the public sector. These respondents stated, there is high variety between the employers depending on the hospital district, municipal or unit. The variety was considered relating to working atmosphere, complexity of work, and organizing tasks. For instance, it was emphasized:

“There are enormous differences in terms of organizing work and tasks in different places. Employer differences are large between different municipals and health care districts.”.

Further, the responses that shared negative opinions, described the public health care sector mostly as inflexible and conservative employer. In addition, most of the respondents who evaluated the public health care sector with negative aspects, pointed out their impression of rush, hecticness, and shortage of resources. For instance, respondents related rush and attached high workload and stress to the public health care sector as an employer. Related to this, the respondents have concerns of their well-being at work if working in the public sector. Also, some of the respondents emphasized they have an impression that the public sector is cutting resources in order to make savings.

“...resources are insufficient, too little doctors and assisting employees”

“Budget cuts are in a huge role currently. Similarly, shortage of employees.”

This perspective has affected to resources by increasing shortage of employees and thereby heighten rush at the work. Thus, one respondent described the public health care sector with three words: “Rush, pressure, exhaustion”. These matters were seen leading to increase stress and workload which affect negatively to respondents’ employer image. For instance, the workload especially in the primary health care was described as massive. Also, some of the respondents described the public health care sector offering lower salary and other benefits compared to the private health care sector. Therefore, some respondents brought forward the salary is not high enough compared to the responsibility of the work.

#### 5.6.2 Perceptions of employer reputation

Further, the respondents answered to an open question regarding the employer reputation of public health care sector. This question included ten rows of missing data and five responses that disclosed the respondents do not have opinion of the reputation. These responses were excluded of the content analysis. Nearly fourth of the respondents evaluated the employer reputation of the public sector solely positive or more positive than the reputation of the private sector. On the contrary, nearly fourth of the respondents described the employer reputation of the public health care sector solely negative. Similar to the open responses of the employer image, the

respondent shared mixed feelings and opinions of the employer reputation of public health care sector. Over fourth of the respondents expressed opinions of the employer reputation that included both positive and negative opinions. In addition to, nearly fourth of the respondents described the employer reputation as varying or contradictory.

### *Positive perceptions*

Many of the respondents described the overall reputation of the sector good in general. The most mentioned characteristics related to positive reputation were reliability and security, but also diversity. For instance, nearly half of the respondents who had something positive to say about the reputation of the public sector, considered the reputation as reliable. For instance, public sector was described as honest and straightforward. This is similar to the positive employer image perceptions of the sector.

“Reliability is clearly the most important aspect. There is no need to have lawyer to read employment contract in the public sector.”

Also, the respondents pointed out the reputation of the sector is considered as stable. The aspects of reliability as well as stability are important, as they create for example feeling of security for the employees. This aspect can be also seen having influence on employer engagement, but also association to psychological contract. In addition to, one respondent pointed out that the media has affected the reputation of the public health care sector

“Media has created bad image, but I have solely positive image from the internship”.

Moreover, some of the respondents considered the reputation as respected and somewhat flexible. Presumably the aspect of flexibility is a characteristic being highly dependent on for example unit or department of a health care organization. This characteristic cannot be seen involving the whole sector as based on the descriptive statistics of the employer attributes, employer flexibility was one of lowest evaluated attribute. Additionally, few other respondents emphasized the

opportunities for career advancement affecting positively the employer reputation in the public sector. If potential employees are enthusiast to progress within their careers and they see another employer offering better opportunities for career advancement, they can be assumed becoming attracted to the organization and seeking a job from there.

### *Negative perceptions*

Further, the often-mentioned negative characteristics were related to rush, balance in terms of time and volume of the work, and conservativity. For instance, third of the respondents who had something negative to say about the public health care sector, pointed out the problems related to lack of resources and rush. This perspective was also emphasized in the results of content analysis of employer image. In addition, many of the respondents were truly concerned of their welfare if working in the hectic organizations in the public sector. Thus, the shortage of resources seems having negative influence on the employer reputation. Related to this, the reputation of the public health care sector was described as follow:

“Especially the rush in the health centers has lowered the reputation and many have concerns that they might burn themselves out as a result of excessive workload...”.

In addition to, the reputation of the public sector was described as formal, inflexible, or hierarchical. Also, some of the respondents considered the reputation of the public health care sector as conservative or old-fashioned. Related to this, the role of organizational structure and leading culture was emphasized. Thus, an example of the impression of conservative leaders was described as:

“Old-fashioned men are in leading positions, and they are not enthusiastic to develop organizations.”

On the other hand, it was also pointed out the reputation to be partially conservative, but public sector has renewed its profile to be able to compete of employees better. Also, some of the respondents mentioned overtime, and lower salary compared to the

private sector as reasons affecting negatively to the employer reputation. The salary was described as sufficient but not to be excellent in good workplaces.

#### *Contradictory or varying perceptions*

Moreover, some of the respondents considered the reputation as contradictory, varying, and depending on the workplace. It was pointed out the employer reputation of the public sector cannot be lumped together into one image. It was described that some of the employers have negative reputation, whereas others have profiled as excellent employers. Also, the differences between municipals and healthcare districts was highlighted. This perspective is strongly related to sector branding and characteristics of organizations in the public sectors.

“... For instance, city of Oulu is in my opinion miserable employer for doctors, I don't want to work there unless I have to. On the other hand, PPSHP is excellent! Similarly, for example few municipals nearby such as Haukipudas, Raahe, Siikalatva. There are huge differences between municipals.”

Furthermore, the respondents pointed out differences between health centers and hospitals that offer specialized healthcare. It was emphasized that the situation in health centers is worse compared to specialized healthcare. The respondents described health centers having lack of resources, which increases workload and creates rush and thereby affecting to the employer reputation of health centers negatively. This perspective can be assumed having connection why many health centers in Finland are having shortage of doctors.

#### 5.6.3 Perceptions of employer attractiveness

Next focusing on the employer attractiveness of the public and private health care sectors. The content analysis provided depth to statistical analyses, in order to understand the reasons of employer attractiveness of the both sectors. First the results of employer attractiveness after graduation are discussed. Then focusing on the results of employer attractiveness after medical specialization.

*Employer attractiveness of the public sector after graduation*

First the responses were checked in case if there were missing data. Related to this, three responses of the open question were missing data, two of those preferred the public sector and one preferred the private sector, thus these were excluded from the content analysis. After graduation clear majority of the respondents prefer working in the public sector. The content analysis showed different reasons why the respondents prefer the public health care sector as an employer. The reasons were related to both symbolic and functional attributes. One of the biggest reasons this is especially related to opportunities for medical specialization and medical training. Over third of the respondents described medical specialization and medical training the reasons, why they want to work in the public health care sector after graduation. Related to this, some of the respondents want to start specializing directly after graduation. On the other hand, some of the respondents want to become medical specialist quickly, in order to be able to move working in the private sector soon after that.

“I want to start medical specializing after graduation as soon as possible and from my point of view working in the public healthcare advances this.”

“...in order to specialize medically there is statutory work in the public sector. After graduating as medical specialist, I want to work in the private sector as soon as possible.”

Other significant reasons for employer attractiveness of the public sector are related to the diversity of tasks and patients, and opportunities to develop one's skills and knowledge professionally. Nearly fourth of the respondents described the public health care sector offering diverse tasks. Similarly, they thought challenging tasks and patients enabling employees to develop their skills and knowledge, thus becoming better professionals. This perspective is related to the employer attributes of tasks, and professional development.

“I feel that public sector provides comprehensive opportunities for newly qualified doctor and enables seeing the healthcare system as a whole.”

“Challenging work enables professional development in beginning...”

In addition, the respondents found the support from senior colleagues important and appreciate it in the public health care sector. This aspect is related to employer attributes of working atmosphere as well as working culture and communication. If employees experience community spirit, they may become better engaged to the working community and their duties. Also, the other reasons that were pointed out were related to the employer reliability and security of the public health care sector. Some of the respondents mentioned juridical reasons related to employment contract why they prefer the public health care sector over the private sector. Related to these, the public health care sector was described as follows:

“I have picture in my mind that consulting assistance and support is better than in the private sector”

“Reliable. I have an impression of private sector that they may neglect workers' rights. Public sector follows collective agreement including for example additional holiday pay automatically.”

Moreover, some of the respondents shared that they value and support the public health care sector as it enables providing healthcare services to all the people and thus facilitates equality. Related to this, few of the respondents shared strong opinions why they do not want to work in the private health care sector. For example, the respondents described they do not want to support the operations of companies that utilize foreign tax heavens by their employment. In addition, the reasons for employer attractiveness of the public sector was described as follows:

“I can help also patients who can't afford “better” and expensive medical treatment.”

“I don't want to take advantage of doctor shortage of municipals to boost the operators in the private sector.”

“I want to fight against health capitalism and provide equal treatment for people what is promised to them. Our affluent society is based on equal healthcare system. That's why I want to specialize in general practice to revive periphery...”



*Employer attractiveness of the private sector after graduation*

Further, focusing on the employer attractiveness of the private health care sector after respondents' graduation. The content analysis revealed, the factors related to the sector's employer attractiveness are employer flexibility, the location where the respondents prefer working after graduation, and better economic compensation of the work compared to the public sector. Most of the respondents valued the employer flexibility in the private health care sector and possibilities to affect their working hours. These perspectives are also related to functional employer attributes what were examined in the statistical analysis. For instance, the employer flexibility of the private sector was described as follows:

“I picture it as more flexible (employer), and the working hours more reasonable.”

“In the private sector, there are possibilities to make contracts personally.”

Also, over half of the respondents pointed out better salary influencing their decision in terms of choosing the employer after graduation. Furthermore, nearly third of the respondents stated the location of employer is the reason why they choose the private health care sector. In some health care districts in Finland the municipals have chosen the private health care sector to provide the health care services. Thus, in those districts the employees do not have possibility to choose employer between the public and the private sectors.

“The salary is much better”

“The healthcare of the location where I want to work, is produced by the private sector”

In addition, the respondents mentioned they consider the patients of the private sector healthier or easier to provide medical care. However, few of the respondents also emphasized that the employer preference is not only about the public or private sectors, but it is more about the individual hospital, unit, or even department and how they treat the employees, and what kind of employment contract the employee and employer can agree.

*Employer attractiveness of the public sector after medical specialization*

The respondents were lastly asked their employer preference after medical specialization and their reasons for this. Still majority of the respondents stated, they prefer working in the public health care sector after their medical specialization. Five responses of the open question were missing data, three of those preferred the public sector and two preferred the private sector, thus these were excluded from the content analysis.

Over third of the respondents who prefer the public health care sector as an employer found diversity of tasks and the patients important and affecting their employer choice. Similarly, fourth of the respondents considered the work involving more interesting tasks and patients in the public health care sector and thereby increasing their employer attractiveness. These aspects are related to the employer attributes of tasks, patients, and diversity, which are mostly functional attributes. For instance, the reasons for employer attractiveness was described as follows:

“Public sector provides more challenging and interesting tasks”

“The patients of the public sector are more intriguing”

“Tasks of medical specialist are fascinating in public sector”

Furthermore, nearly fifth of the respondents pointed out the work in the public health care sector is meaningful from the perspective of society. Thus, the respondents valued they can provide treatment for the patients who truly need it no matter of their wealth. This emphasizes the equality of health care services is important the respondents. This perspective is related to corporate social responsibility of an employer. In addition, if the employee and employer agree of the importance of equal services, they can be considered having person-organization fit, but also value congruence.

“Public healthcare enables medical treatment also for needy people.”

“I want to do such work that has the most significant influence on the welfare of the society. I believe my work contribution provides the most good to this country if I work in the public sector.”

Moreover, other reasons for choosing the public health care sector, are opportunities to develop one's skills and knowledge professionally, opportunities for career advancement, and combining clinical work with research and teaching opportunities. Also, the role of work community and support from colleagues was found as important reasons influencing the employer attractiveness. Thus, the respondents thought the public health care sector can offer these opportunities better. These aspects can be seen related to symbolic employer attributes.

“I feel there are better opportunities to develop professionally.”

“Public sector offers better opportunities to research and perhaps teaching.”

“There are better opportunities for career advancement”

#### *Employer attractiveness of the private sector after medical specialization*

The content analysis brought forward that the reasons for the employer attractiveness of the private health care sector are mostly related to functional employer attributes such as employer flexibility. Majority of the respondents preferring to work in the private sector stated, the employer flexibility and reasonable working hours are the reasons why they choose the private health care sector over the public sector. Related to this, it was stressed it is easier to negotiate and reach agreement of working hours on the private sector. Also, respondents emphasized private health care sector enabling combining work and family better.

“The private sector has flexibility in terms of working hours, there isn't obligation for on-call duties.”

“...I want flexibility to my working hours as much as possible, and possibility to combine work and family, as well as plan my holidays based on school holidays without wrangle. Private sector enables this. If public sector become as flexible, I can work there similarly without question.”

In addition, nearly half of the respondents pointed out economic benefits such as salary affecting the employer attractiveness. The salary was described as competitive and assumed to be higher in the private sector. Also, some of the respondents stated they prefer easier patient cases and considered the private sector can offer this to them. Some of the respondents emphasized the role of well-being at work.

“I want good salary, “healthier” patients, and better working hours.”

“Well-being at work is important to me.”

Moreover, other mentioned reasons for choosing the private sector were related to casualness of work and respect. The respondents considered the work in the sector more relaxed. Similarly, they thought receiving more respect as a doctor if working in the private sector. In addition to, the employer reputation of the private health care sector was stressed to be better compared to the public sector. These aspects are related to symbolic employer attributes, such as working atmosphere, working culture, and employer reputation.

“...medical specialists are respected differently in the private sector from the perspective of employees and patients.”

Lastly, some of the respondents described they want to work in the both health care sectors, in a hospital and in a private doctor's office. By working in the both sectors enabling them to reach the benefits of the both sectors.

“I would like to work in the both sectors [...] to have benefits of the both sectors and versatile work.”

## 6 DISCUSSION AND CONCLUSION

The final chapter focuses on discussing the research questions and providing answers to them. In addition to, theoretical contributions of the research are looked over. Furthermore, some managerial implications are proposed, and the reliability, validity, and, generalizability of the research are dealt with. Lastly, the limitations and future research suggestions are discussed.

First, the topic and purpose of the theses are reviewed shortly. The health care sector in Finland is lacking employees, especially doctors to health centers in many areas. As the shortage of doctors in health centers have increased in past few years (Lääkäriliitto, 2018, 2019), the need for employer branding activities is relevant. Wæraas (2008) have stressed that public sector can benefits from marketing and branding activities. In addition, several authors have pointed out the benefits of employer branding (Ambler & Barrow, 1996; Backhouse & Tikoo, 2004; Berthon, Ewing & Hah, 2005, Hillebrant & Ivens, 2011; Lievens, Van Hoya & Anseel, 2007). Due to this, it is assumed the public health care sector can similarly attain the benefits of employer branding. Thus, this formulated a foundation for this thesis for examining the external employer branding from the perspective of potential employees. Based on this, the purpose of this thesis was to increase understanding in terms of the employer image perceptions that the public health care sector possesses in the eyes of the potential employees. Furthermore, the thesis was purposed to gain knowledge of which attributes potential applicants consider desirable. Thus, the desired attributes would be useful to emphasize in the recruitment marketing and communicating the employer brand externally. Also, the thesis aimed to study how the employer brand of the public health care sector appears, and if the sector has existing a coherent employer brand. Hence, in this case, the research group of potential employees were targeted to be the medical students in the university of Oulu. Next, moving on discussing the results of the empirical research and after that looking them in the light of the existing literature.

## 6.1 Answers to the research question and sub-questions

### 6.1.1 Potential employees' perceptions of the public health care sector

The main research question of this thesis is *“How the potential employees perceive the public health care sector as an employer?”*. To receive answer to this question, the respondents were asked to evaluate different employer attributes and how they fit to the public sector as an employer. In addition, the respondents were asked to describe the employer image and reputation of the public health care sector to have supplementing perspective to the structured employer attributes. Also, the reasons why the respondents would choose the public or the private sector as an employer after their graduation and after medical specialization, were asked to justify in order to have comprehensive understanding the respondents' perceptions.

According to Brexendorf and Keller (2017), brands are perceived from various perspectives involving associations with different attributes. Similarly, this aspect is emerged from the results of empirical examination. Thus, the potential employees perceive the public health care sector with various perspectives. The typical characteristics related to the sector were interesting tasks, opportunities for medical specialization, and opportunities for career advancement. The fit of these attributes was evaluated positively to the sector. From another perspective, attributes of economic benefits, employer reputation, fluent communication, and employer flexibility were not evaluated fitting so well to the public sector.

The statistical analysis revealed, the functional attributes were seen fitting better to public sector as an employer compared to the symbolic attributes. However, there was differences between the respondents' perceptions in terms of their year of studies and working experience. For instance, the students of fifth or later years evaluated the symbolic and functional attributes fitting better to public sector, compared to the lower year of students. Similarly, the respondents who had working experience, evaluated the fit of employer attributes positively. The result was similar with symbolic attributes in terms of year of studies and working experience. Related to this, there was statistically significant difference for example between the two student groups in terms of functional attributes. Also, there was low positive and low

negative correlation between functional/symbolic attributes and the background variables. Based on this progress of studies and increase of working experience have relationship with the employer image perceptions.

Moreover, most of the respondents evaluated the employer image and employer reputation as negative, when the employer attributes of each factor were combined, and the neutral responses were excluded. Though, it was interesting to see that clear majority of the potential employees selected the public health care sector as their first-choice employer after graduation, but also after specialization despite of negative impression of image or reputation. However, the perceptions of employer image and reputation become somewhat meaningful after medical specialization, increasing the attractiveness of the private sector.

Further, the qualitative content analysis revealed new perspectives to the employer perceptions of the public health care sector in addition to the statistical analyses. For instance, the role of working atmosphere and working culture was emphasized. The support from colleagues was considered as important, especially for newly graduated doctors. In addition, the sector was seen sharing great corporate social responsibility to advance the well-being of citizens, but especially to contribute the equality of medical treatment. These aspects affected positively to the employer image and employer attraction of the sector. Also, the potential employees who value the equality, and sees the public health care sector advancing that, can be considered having mutual values with the sector.

On the other hand, the public sector was considered offering lowers salaries compared to the private sector, and the salaries was not completely satisfactory in terms of great responsibilities of the work. In addition to, the public sector was perceived as inflexible and conservative employer. Related to this, the organizational structure of the public sector was seen as hierarchical, and the leading culture was viewed as conservative or old-fashioned. Moreover, the public sector was considered being less flexible in terms of working hours, which may create challenges for combining work and family. Although, there might be flexibility up to some point, it is depending on the workplace. These perspectives have negative influence on the employer image and attractiveness of the public sector.

Due to this, many respondents shared mixed feelings of the employer image of the public health care sector. The public health care sector was perceived as reliable and secure employer involving characteristics, such as fairness, honesty, and stability. These characteristics can be seen related to employer brand personality (Aaker, 1997; Ambler & Barrow, 1996). Also, the reliability contains juridical aspects as the employees of the public health care sector can trust their employment contracts are accurate and collective agreement followed. From another direction, the public health care sector was seen having shortage of resources as a result of budget cuts. This affects employee resources, thus shortage of doctors and assisting employees was emphasized. The shortage of resources has negative influence, as it increases workload and creates feeling of rush and hecticness at work. Related to this, concerns of well-being at work were brought forward. Based on the empirical results, the situation is especially bad in the health centers. As pointed out in the introduction chapter, many health care districts are having shortage of doctors in the health centers (Lääkäriliitto, 2018, 2019). Perhaps these factors have connection.

In addition, the content analysis of the employer attractiveness showed clear reasons why the respondents chose the public or the private health care sector as an employer. These reasons were in line with the respondents' evaluation of the employer attributes. For instance, opportunities for medical specialization was particularly important attribute for potential employees. In order to be able to specialize, many seems to be willing to ignore negative perceptions of employer image and reputation and work in the public sector after graduation. Although the employer attractiveness of the private sector increases after specialization, majority of the respondents preferred working in the public sector also after medical specialization. These employees can be considered truly motivated and engaged to their work in the public sector, as there is not any "obligation" to work in the sector after specialization. Also, interesting and diverse tasks and patient cases affects positively to the employer attraction of the public sector. As the tasks are not only easy, but also challenging, they enable doctors to develop their skills and knowledge professionally. In addition, some considered the work in the public sector more respectful as a result of versatile and challenging duties.



Moreover, the content analysis revealed responsibility from the perspective of the society was emphasized. Public health care sector was seen acting as a foundation of affluent society, which affects positively to the appreciation of the sector. Also, some ideological reasons were brought forward, and working in the public sector is aligned with their principals. Thus, these aspects were considered affecting positively the employer attractiveness of the public health care sector. If employees share similar values and principals with an employer, they can be considered having person-organization fit (Abrahams et al., 2015; Backhaus & Tikoo, 2004). Similarly, value congruence can be considered formulating (Cable & Turban, 1996). These perspectives are also related to formation and development of psychological contract (Soares & Pilar, 2019). As a result of person-organization fit and value congruence, there is reason to believe the employees become committed to their employer. Thus, it is beneficial to invest in matching the employees with the organization.

Lastly, the reasons for the employer attractiveness of the public sector and the private sector were very different. The economic benefits, location of an employer, relaxed working atmosphere, easier patients, and employer flexibility were the most reasons for the employer attractiveness of the private sector. In this case, the employer flexibility was connected for example to convenient working hours and no obligation for on-call duties. Related to this, it is good that the factors affecting employer attractiveness are different in the both sectors. Thus, the both sectors can differentiate from each other as an employer and they can emphasize the characteristics that are central to them. Also, public and private organizations can focus on attracting employees who are matching with them.

#### 6.1.2 Desired employer attributes

Further, it was considered as important to know what employer attributes the potential employees in the health care sector value and can attach with. Due to this, the main research question was supported with the sub-question “*What attributes are the desired employer characteristics that potential employees of the health care sector value and can identify with?*”.

According to the results of the empirical examination, the potential employees found the most valuable employer characteristics: tasks, working atmosphere, opportunities for education and development, and opportunities for specialization. There were not significant differences between most of the attributes and the respondents' evaluation of importance in terms of their working experience. However, the attribute of working atmosphere was more important to the respondents with working experience, and there was statistically significant difference between the groups. Due to this can be considered recommendable to emphasize working atmosphere to attract employees who have working experience from the health care sector. In addition to, the respondents evaluated employer flexibility, diversity of tasks, balanced working life, and convenient working hours as important employer attributes. Though, these attributes were not evaluated just as high as the first mentioned attributes. However, these attributes can be considered similarly beneficial to emphasize in recruitment marketing and communicating employer brand messages.

Further, the respondents did not evaluate the corporate social responsibility of an employer very important aspect to them. However, it was interesting to notice that many of the respondents who preferred working in the public health care sector, emphasized and valued the corporate social responsibility of the sector. Related to this, corporate social responsibility can be assumed affecting positively the employer attractiveness of the public sector. Though, the potential connection between corporate social responsibility and employer attractiveness of the public sector was not examined in the statistical analyses. Perhaps this would be an interesting subject to study in the future.

Moreover, the employer flexibility and convenient working hours were not among the highest evaluated employer attributes. However, the qualitative content analysis revealed, they are significant reasons why the respondents chose the private health care sector over the public sector as an employer. In addition, the evaluation of the importance regarding the diversity of tasks, was not among the highest evaluated characteristics. Similarly, the content analysis pointed out, interesting and diverse tasks had a significant role in terms of the employer attractiveness of the public sector. Related to this, also the evaluation of the importance of patients was mostly neutral. However, the role of patients was as well emphasized via the content

analysis regarding the employer attractiveness of the public sector. Though the relationship between importance of tasks and patients, and employer attractiveness was not examined in the statistical analyses. Thus, it would be interesting to see if there are connection between the attributes and employer attractiveness of the public sector.

To summarize, the employer characteristics that the potential employees are valuing, was brought forward. If the characteristics that potential employees are valuing match to specific employer, they are more likely to identify with the employer and become attracted (Backhouse & Tikoo, 2004). As a result, the organization may reach several benefits, such as increase the quality, but also quantity of job applications (Lievens et al., 2007).

#### 6.1.3 Appearance of the employer brand of the public health care sector

The second sub-question guiding the research is “*How does the employer brand of the public health care sector appear?*”. This perspective is also related to sector branding, which will be dealt with in the sub-chapter of theoretical contribution.

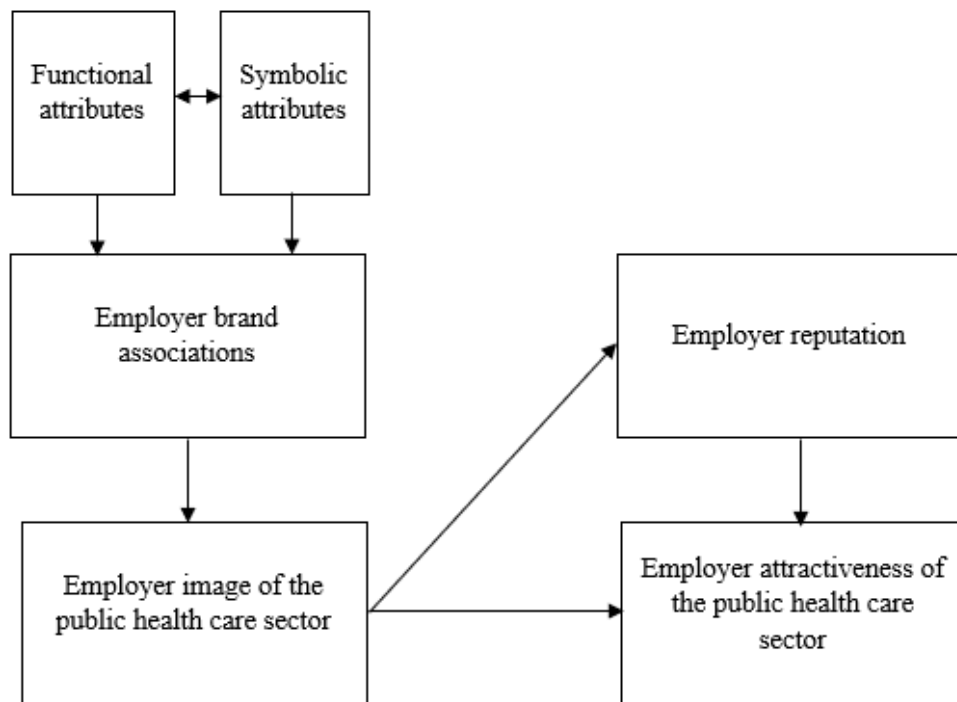
Considering the employer brand of the public health care sector, the empirical study showed the appearance of the existing employer brand is complicated. Relate to this, the respondents had mixed attitudes and opinions of the employer image. As many positive aspects emerged, such as employer reliability, security, fairness and corporate social responsibility, there are clear points of challenges that requires development. Thus, for instance the shortage of resources creates many challenges that weaken the employer image of the public sector. As well-being of employees is important, the concerns related to this are understandable and something that needs to be taken seriously. Continuous rush and hecticness at work can lead to exhaustion or burnout at worst, which requires sick leave in order to recover. In addition, some shortcomings in the organizational culture and leadership were brought forward. Organizational culture and leadership have important role in terms of motivating employees as well as engaging them to employer and work community. This perspective has connection to employer identity, and especially to intra-organizational factors as Bankins and Waterhouse (2019) pointed out.

Further, the respondents evaluated the employer reputation of the public health care sector to be similarly varying. The same aspects that were emphasized in terms of employer image perceptions emerged similarly from the employer reputation perceptions. However, perhaps one of the most interesting findings is that there is high variety between different employers. Related to this, it was pointed out the public health care sector, as an employer, possesses variety between different employers such as health care districts or municipals but even between hospitals, units or departments. In addition to, an interesting finding is that employer reputation of the health centers is considered worse compared to for example specialized healthcare. This highlights the variety between different employers and supports the tortuous of the employer brand of the public health care sector. Based on this, it cannot be clearly said that the public health care sector has a coherent external employer brand in the eyes of the potential employees. Thus, the external employer brand can be considered somewhat fragmented.

## **6.2 Theoretical contributions**

This study tested a theoretical model based on the literature of branding in the public sector, and external employer branding. Based on the theory, the model consists of six factors: symbolic and functional attributes that are part of employer associations, employer image, employer reputation, and employer attractiveness. So far, majority of literature focus on understanding the branding activities in the private sector, but employer branding in the public sector has not received broad interest in the scientific research.

By using empirical data, the formulation of employer image and factors affecting employer attractiveness was examined. Thus, this thesis tries to suggest and adapt factors affecting the employer attractiveness in the public health care sector. Based on the finding of the empirical research, the theoretical model was elaborated a bit. Thus, new connections were added between symbolic and functional attributes, as well between employer image and employer reputation. In addition, the theoretical model can be considered valid in the public health care sector after medical specialization. The elaborated theoretical model is presented in the figure 8.



**Figure 8. Adjusted theoretical model of employer branding in the public health care sector.**

### 6.2.1 Symbolic and functional attributes

Based on existing theory, brand image is seen consisting of for example functional and symbolic benefits that are embedded into brand associations (Keller, 1993). Similarly, this perspective is adapted to employer branding. Thus, Backhouse and Tikoo (2004) emphasize employer attributes can be divided into functional and symbolic attributes. This aspect is supported with Lievens and Highhouse's (2004) framework of instrumental and symbolic employer attributes. Due to this, the employer attributes used in the empirical examination was categorized to functional and symbolic attributes in order to study their relationship to employer image. The attributes were adapted from Hillebrand and Ivens' (2011) and Srivastava and Bhatnagar's (2010) studies. In addition, attribute of opportunities for specialization was added in addition to the adapted attributes, since it was considered essential to have opportunities for specialization as its own attribute. The categorization of the selected attributes to symbolic and functional attributes followed Srivastava and Bhatnagar's labelling suggestion. According to their study, the functional attributes

are what the employer is, and the symbolic attributes are what the employer offers for its employees (Srivastava & Bhatnagar, 2010).

In the branding literature, it is highlighted that the meaning of symbolic attributes increases, when the functional differences between brands are narrow (Backhouse & Tikoo, 2004). Related to this, the differences between health care organizations can be considered narrow. Thus, symbolic employer attributes were considered having more positive influence on the employer image of the public health care sector compared to the functional attributes.

The relationship between the factors was tested with crosstabulation analysis by comparing the evaluation of the symbolic and functional sum variables with the respondents' year of studies. In addition, the evaluation of the attributes was cross tabulated with the respondents' working experience. The analysis revealed, the symbolic employer attributes were not affecting more positively to the formulation of the employer image of the public health care sector. Even though, the difference between the percentages of symbolic and functional attributes were low, the functional attributes were evaluated fitting better to the public health care sector as an employer.

Moreover, there were statistically significant differences between background variable year of studies and perceptions of the symbolic and functional attributes. Also, there was low positive correlation between the variables. Similarly, statistically differences emerged between background variable of working experience and evaluation of the attributes. Furthermore, there was low negative correlation between the variables. Based on this, year of studies and working experience affect the perceptions of the different employer attributes. In addition, there is a relationship between symbolic and functional employer attributes as the variables have medium positive correlation.

Further, focusing on the functional attributes a bit more. Looking from the perspective of the existing theory, Lievens and Highhouse (2003) stress the functional attributes primary trigger applicants' interest in the organization. As the respondents are students, and not all of them have worked in the health care sector, the functional attributes can be seen primary triggering their attraction to an

organization. However, perhaps the symbolic attributes become more important after the employees have received few years working experience from the health care sector and finished their medical specialization. On the other hand, there is a reason to contemplate, the bigger influence of functional employer attractiveness to employer image is typical characteristics to the health care sector as a field of operations. Related to this, Rampl (2014) points out, the importance of certain employer brand associations may differ across industries. For instance, based on the qualitative content analysis, many of the respondents who preferred working in the public health care sector, emphasized tasks as the reason, why they would choose the public health care sector over the private sector as an employer. Similarly, the role of patients was highlighted. From another perspective, most of the respondents who prefer working in the private health care sector, pointed out the employer flexibility and economic benefits as the reasons why they would choose the private health care sector as an employer. All these employer attributes are functional. From this point of view, the functional attributes can be considered as typical characteristics for the health care sector.

However, the categorization of the symbolic and functional attributes can be somewhat questioned. Some attributes that were categorized as symbolic attributes could have been similarly labelled as functional attributes. The attributes of opportunities for specialization and convenient working hours are good examples of these kind of attributes. The both attributes were labelled as symbolic attributes, however, they cannot be clearly divided into symbolic or functional attribute after all.

The categorization of the attributes was based on Srivastava and Bhatnagar's (2010) conclusion of labelling the symbolic and functional attributes. Following this principle induced challenges for categorizing the attributes adapted for example from Hillebrand and Ivens' (2011) measurement. Thus, it can be considered if Srivastava and Bhatnagar's (2010) model for labelling employer attributes is satisfactory after all. Instead of categorizing the functional and symbolic attributes based on "what it is as employer" and "what it offers for the employees", the labelling of the attributes could be defined slightly differently. As a conclusion, this thesis suggests categorizing the attributes in a new, specified way. Based on this, functional

attributes are the concrete attributes that an employer possesses or offers to its employees, and symbolic attributes are intangible or emotional attributes that the employer provides to its employees. This definition helps categorizing symbolic and functional employer attributes in future.

### 6.2.2 Employer image, employer reputation and employer attractiveness

Next, the relationships between employer image, employer reputation and employer attractiveness are concerned. According to existing theory, there are relationships between the factors. Related to this, Backhouse and Tikoo (2004) point employer image affecting the employer attractiveness. In addition to, Bankins and Waterhouse (2019) suggest that employer attractiveness in the public sector is influenced by organizational image and identity that affect together formulation of organizational reputation. Together all the three factors influence the employer attractiveness of public organizations (Bankins & Waterhouse, 2019). Due to this, it was assumed that employer image and employer reputation affects the employer attractiveness of the public health care sector.

#### *Relation between employer image and employer attractiveness*

According to Äijälä (2001), the overall image of the public sector is not very positive, clear or stimulating. This was discovered also from the empirical results of the study. Majority of the respondents perceive the employer image as negative. In addition, the content analysis discovered, the employer image of the public health care sector is not clear. Moreover, Luoma-aho (2008) points out two major characteristics of the public sector are flexibility and bureaucracy. Based on the empirical study, the public health care sector was considered as bureaucratic, but quite opposite to flexible employer. This perspective is contradictory to the existing literature. According to Wæraas (2008), inconsistency is typical characteristics to the public sector. Related to this, there is inconsistency in the public health care sector. However, inflexibility and bureaucracy can be viewed as consistent characteristics. Thus, although there is inconsistencies in the sector, there is also some coherence in the public health care sector.



Further, based on the empirical examination, the positive employer image can be considered affecting positively employer attractiveness of the public sector. Due to this, if the potential employees find positive associations to the employer image, they are more likely to find themselves seeking a job from the organization (Backhouse & Tikoo, 2004). In addition, the positive employer image perceptions and employer attraction can be explained with the theory of person-organization fit. Related to this, the associations that potential employees can identify with are more effective to attract them to apply a job from the organization (Backhaus & Tikoo, 2004). For instance, the potential employees who viewed the public health care sector as responsible and significant actor from the perspective of the society, probably consider responsibility as an important value to them. Hence, this can be seen related to value congruence in addition to person-organization fit. As Cable and Turban (1996) findings emphasize, person-organization value congruence has positive influence on job choice intentions.

It was also interesting to see the negative employer image perceptions were not affecting negatively to the sector's employer attraction after respondents' graduation. However, there was statistical differences between employer image perceptions and employer attractiveness after medical specialization. Due to this, the employer image can be viewed becoming important factor in terms of the employer attractiveness of the public sector, but only after medical specialization. Related to this, if the match between employee and employer is existing after medical specialization and they share mutual values, the employees can be considered attracted to the public sector also after specialization. Thus, the results of empirical examination of the employer image and employer attraction supports the existing literature of the employer branding, and branding in the public sector (Backhouse & Tikoo, 2004; Bankins & Waterhouse, 2019; Cable & Turban, 1996). Moreover, low positive correlation was found between employer attractiveness after graduation and employer attractiveness after medical specialization. Based on this, the factors have relationship between.

The literature of branding in the public sector suggests, brand image is composed of three factors: isomorphism view of the public sector, agency differentiation within the sector, and explicit communication (Bankins & Waterhouse, 2019). However, according to Bankins and Waterhouse (2019) there is dilemma between isomorphism

view and agency differentiation. Related to this, although the organizations in the public health care sector are similar, there are notable differences between the organizations as employers. This emphasizes the dilemma between isomorphism view and agency differentiation. In addition, perhaps in this case the explicit communication can be considered appearing in the form of employment contract. Furthermore, Wæraas (2008) points multiple identities is typical characteristics for the public sector brands. As the results of qualitative content analysis revealed high variety between the employer perceptions of the public sector, it can be assumed the public health care organizations have similarly multiple identities.

#### *Relation between employer reputation and employer attractiveness*

Further, Bankins and Waterhouse's (2019) studied the relationship between employer reputation and employer attractiveness. Based on their research, it was presumed there is relationship between employer reputation and employer attractiveness of the public health care sector. The relationship was examined by comparing the employer reputation perceptions with employer attractiveness of the sector. The empirical analysis showed, most of the respondents who perceived the employer reputation of the public health care sector as positive, preferred working in the sector. However, there is not statistically significant correlation between employer reputation and employer attractiveness of the public sector. Thus, this is somewhat in disagreement with Bankins and Waterhouse (2019) as well as with Cable and Turban (2003), who suggest reputation perceptions affecting job seeking intentions. Although there is not linear relationship between employer reputation and employer attractiveness of the public health care sector, it is possible there is different kind of relationship between the factors.

Moreover, Fombrun, (1996 via Bankins & Waterhouse, 2019) stresses reputation is related to personal judgements about the organization's credibility, reliability, responsibility, and trustworthiness. The results of qualitative content analysis support this, as the positive perceptions of the reputation were for example related to reliability and responsibility of the public sector. As positive reputation can create competitive advantage for an organization, the negative reputation can as well weaken the organization's position in the labour market (Gotsi & Wilson, 2001).

However, similar to employer image, the negative employer reputation perceptions did not affect employer attractiveness after graduation negatively. The influence of negative employer reputation can be considered to increase after medical specialization, although the relationship between the variables is not statistically significant. Thus, the negative employer reputation is not essentially significant factor affecting negatively the employer attractiveness of the public health care sector.

From another perspective, Luoma-aho (2007) emphasized that public organizations should strive for generating a neutral rather than excellent reputation. Related to this, as majority of the respondents perceived the employer reputation as negative, perhaps it is beneficial to aim for rather neutral than excellent reputation in the employee market. Although, the employer reputation affects employer attractiveness, it is not the most important factor affecting the attractiveness in this research. Thus, employer brand associations affecting the employer image can be considered more significant factors affecting the employer attractiveness and thereby supporting Backhouse and Tikoo's (2004) employer branding framework.

Based on the results of the empirical research, the respondents' desire to specialize seems to be stronger factor affecting employer attractiveness compared to negative employer image or employer reputation. In addition, another interesting finding was relationship between employer image and employer reputation. Related to this, there is medium positive relationship between the variables. The employer reputation can be considered as a result of equal reflection of external views as Chun (2005) points, and this explains the findings. Similarly, the findings support Bankins and Waterhouse's (2019) study of relationship between employer image and employer reputation in the public sector.

### 6.2.3 Sector branding

Lastly focusing on the perspective of sector branding in terms of theoretical contribution. As branding activities are more often associated with firms in the private sector than with public organizations (Whelan et al., 2010), sector branding is rather new theoretical concept.

Usually a sector represents a group of industries that experience similar attributes. However, each sector also has unique characteristics and profile that disassociate them from other sectors. For instance, existing theory suggests typical characteristics to the public organizations are unclarity, inconsistency, and complexity (Wæraas, 2008). The results of the empirical examination support this. The typical characteristics of the public health care sector was discussed when providing answer to the main research question of the thesis. In addition, according to the qualitative content analysis, the employer image of the public health care sector is not unequivocal, but rather complicated or contradictory. The variety between different employers were emphasized multiple times, and it emerged in terms description of both employer image and employer reputation of the public sector. Perhaps public organizations do not pursue differentiation intentionally (Sataøen & Wæraas, 2015), but there are clear differences between employers inside the public health care sector. Due to this, it would be interesting to receive information if the healthcare organizations that possess favorable employer image and reputation have brand management activities.

In addition, this thesis provided a definition for sector branding. The definition is:

“Sector branding is conscious decisions to emphasize favorable attributes that enables achieving desired target among stakeholders. The branding includes first defining the attributes that want to be emphasized through the branding activities. The attributes are common, and they should bring benefits to the sector. These attributes will form the foundation to the branding activities. In addition, objectives must be set to the branding activities in order to guide the activities. After this the defined attributes are communicated to the stakeholders in a way that is convenient to the audience, and the channels are the most suitable for the branding purposes.”

This definition can be adapted similarly guiding to employer branding. Moreover, supporting the definition, the empirical results provided knowledge of the favorable employer attributes. In addition, the existing theory suggests objectives for branding activities in the public sector. According to the theory, the main objectives of branding in the public sector may focus on organizational attraction, and supporting a positive perception, rather than pursuing a unique and differentiated brand (Leijerholt et al., 2019). However, based on the empirical research, it seems the public sector branding does not have clear objectives at the moment. Although public health care

sector has distinct employer attractiveness, it seems unified activities are not made to support positive employer perceptions. Further, according to Brexendorf and Keller (2017), brands must stimulate associations that can be reflected as sector or organizational trust. Related to this, another suggested objective for public sector brand image, is to strengthen trust among different stakeholders (Leijerholt et al., 2019). From this direction, due to the results, can be said the public health care sector is succeeded in strengthening trust among potential employees. For instance, commitment to the collective agreement was emphasized increasing trust between potential employees and the public sector as an employer. Thus, bureaucratic procedures can be considered having advantages to the functionality of the administrative affairs.

In addition, properly managed, public sector brand can permit important benefits. The benefits can be related for example to loyalty or price (Webster & Keller, 2004). This perspective appeared also from the empirical examination. For instance, the potential employees who are attracted to the public health care sector, and experiences matching with the employer, are willing to work there even if the salaries are lower compared to the private sector.

Furthermore, employees' interaction with stakeholders influence the external brand perceptions especially within service organizations (Wheelan et al., 2010; Wæraas, 2008). This can create challenges for brand management. However, the employees' interaction in the public healthcare organizations affects positively to the employer image perceptions and employer attractiveness of the public health care sector. For instance, this appears as support from colleagues and working community that influence positively the employer impressions of the potential employees. This supports the perspective proposing employees are acting as brand ambassadors or brand managers (Schmidt & Baumgarth, 2018; Wæraas, 2008).

To conclude, sector branding and managing sector brands can be seen challenging, but not impossible. As sector branding involves interaction with different stakeholders, it is recommendable to design strategies and guidelines for brand management activities. Related to this, the brand management is not only under the influence of managers, but also the employees have significant role in terms of

formulation of the brand perceptions, the role of instruction increases. As the sector branding can create several benefits to the public organizations, this thesis strongly suggests starting to build the branding activities.

### **6.3 Managerial implications**

The results of this thesis provide managerial implications. The public health care sector is doing well on some of dimensions, but there is room for improvement. Based on the results, seem that the organizations in the public health care sectors are not doing work in terms of employer branding activities. This perspective emerged from the respondents' mixed attitudes and opinions considering the sector as an employer. If the sector does not have a coherent employer brand, there has not systematically made work in order develop one. As the benefits of the employer branding were pointed out in the chapter 3.1., it is recommendable for the public health sector to start building the employer branding activities from inside to out in order to be able to achieve the benefits of the branding activities. Related to this, for instance if the target of sector branding is to reduce the shortage of employees, employer branding is excellent tool fort that. With employer branding activities, the potential employees can be attracted to work in the public health care organizations by emphasizing desirable employer attributes. The desirable employer attributes emerged clearly as a result of the empirical examination.

For instance, especially the health care districts that are having a shortage of doctors should take activities to create and communicate employer brand image. Action is especially needed to the health centres whose lack of doctors have increased in the past few years. However, when communicating the employer brand to the employees and potential employees, the brand messages should be honest and accurate (Backhouse & Tikoo, 2004). Thus, the organizations should start the employer branding activities with internal employer branding, and then move to the external employer branding activities in order to have unified brand.

In addition, although the symbolic employer attributes were not found to be more significant attributes affecting the employer image of the public sector, differences between organizations in the health care sector can be made by emphasizing the

symbolic attributes. As the functional attributes in the public health care sector are mostly similar, the role of symbolic features should be emphasized in order to develop a favourable employer brand image. The important symbolic attributes to the respondents that stood out from the research were for instance working atmosphere, opportunities for educate and develop, and convenient working hours. Thus, these attributes would be recommended to emphasize in the employer brand messages if the attributes fit to organizations. For example, if the employers in the public health care sector find their working atmosphere positive and get positive feedback of it, this should be highlighted in the employer brand communication and recruitment marketing to attract potential employees. This is supported with Heilman (2010), who pointed out the positive organizational atmosphere and leadership action are information that should be emphasized in the external communication. Also, as the support from the colleagues and the work community were found important characteristics, these should be stressed in the employer brand communication. All in all, as it is important to know customers including awareness of their needs and wants, it is similarly important to know the potential employees who want to be attracted to an organization. This thesis succeeded in proving knowledge of the perceptions and desires of the potential employees of the public health care sector and thus the knowledge can be refined into action.

#### **6.4 Reliability, validity and generalizability of the research**

Employing different theoretical concepts in order to build the theoretical model was seen valid as the theory were connected logically based on existing theories. Related to this, the connection between the factors in the theoretical model were examined and thus validated. Further, to ensure the reliability of this research, the survey incorporated two methods to gain data. Due to this, open questions were added to the survey in addition to closed questions in order to ensure the adequacy of the data. The methods were selected to support each other and increase the reliability of the research (Wilson, 2014, p. 132). The qualitative content analysis was used to validate the results of the statistical analysis and to avoid biased interpretations.

Validity means the extend and accuracy of the measurement, and if the measure correctly reflects the concept that it is purposed to measure (Wilson, 2014, p. 337).

The validity of the measurement must be ensured before collecting the data (Heikkilä, 2014, p. 27). To ensure the validity of the survey, the survey questions were based on the existing theory and they were designed to cover the whole research problem. In addition to, the variables used in the measurement scales were similarly based in the existing theory by confirming the variables are tested previously. For instance, the employer attributes were adapted from the Hillebrand and Iven's (2011) and Srivastava and Bhatnagar's (2010) papers. Thus, the variables were tested before increasing the validity of the research. Also, to avoid affecting the opinions and attitudes of the respondents, the open questions were placed to the survey before closed questions of each theme. Hence, the respondents could express their true opinions to the open questions first and after that evaluate the asked characteristics with Likert5 scale in the closed questions. In addition, to improve the validity of the survey, one medical student was asked to respond to the survey before publishing it. This enabled pointing out some inconsistencies and modifying them before the publication.

Reliability means the repeatability of measurement (Wilson, 2014, p. 336). To ensure the reliability of the research, the data analysis process was described with details. This facilitates the other researchers to repeat the research, increasing the inter-judgemental reliability (Wilson, 2014, p. 130). In addition to, the reliability of the different variable patterns was examined in the statistical analyses. Symbolic and functional sum variables are an example of variable patterns. Related to this, the results of the reliability analysis showed, the symbolic sum variable was reliable. However, the reliability of the functional sum variable was below the limiting value, thus the reliability the variable pattern can be questioned.

Further, the results of this research may be used as a foundation of examining the employer image and employer attraction of the public health care sector further. The researcher considers the study succeeded in testing what factors affect the potential employees' perceptions and attraction of the public health care sector as an employer. Also, the research was able to provide concrete advice how an employer in the public health care sector can attract the potential employees. Lastly, the researcher succeeded in studying the appearance of the public health care sector's



employer brand. Related to this, it was able to consider whether the public health care sector has a coherent employer brand.

Lastly, the generalizability of a research can be achieved by having large enough sample. The empirical research received 93 responses to the survey. As there are 875 medical students in the university of Oulu (K. Pura, personal communication, April 17, 2020), the empirical research reached 10,6 % of the population. This percentage value is quite good however, 93 responses are not enough for generalizing statistical analyses, especially when the sample was divided into smaller groups for analysing different factors. Thus, there might be influence of chance in the statistical results. Based on this, the result of the empirical examination cannot be generalized to the whole population, but the results can be considered suggestive.

## **6.5 Limitations and future research suggestions**

Firstly, there is a limitation in terms of the sampling of the empirical study. As the empirical data was collected only from the students of one university, the results of the study can be considered only suggestive. Thus, further research could target achieving more extensive sample. Also, the completion rate of the survey was not very high (32,9 %). The survey link was opened 283 times, but the survey received 93 responses and consequently there is a small chance of non-response bias. Non-response bias is a meaningful difference in opinions and attitudes between the groups who responded and who did not respond to the survey (Sheikh & Mattingly, 1981). Furthermore, collecting responses to the survey had time limitation of three weeks. However, there is no reason to believe a longer period of time would have made much difference to the completion rate. The survey received most of the responses straight after the survey was published to the email list. The same phenomenon happened when the reminding message was sent to the email list. The survey had the most responses during the same day or day after but did not receive more responses after a few days of the reminding message.

In addition to, the empirical examination faced some limitations. For instance, some of the respondents found it difficult to answer the survey based on dividing the health care sector into the public and the private actors. One respondent sent feedback and

described having difficulties to respond to the survey by evaluating the health care sector only as public or private sector. The person pointed out that the health care sector in Finland is in transformation and there is not anymore so clear separation between the public and the private health care sectors. As municipalities can outsource their health care services, and many of the municipalities have already done this partially or even entirely, the health care sectors are mixing. This could also have affected other respondents' attitudes and opinions.

Next considering the future research suggestions. The employer brand personality of the public health care sector could be examined. This study showed, the characteristics such as reliability, honesty and fairness were attached to the public health care sector as an employer. However, brand personality characteristics could be studied further. Moreover, corporate social responsibility of the public health care sector was emerged from the content analysis as a meaningful factor affecting the employer attractiveness of the sector. Perhaps the influence of this factor could be examined more in the future.

Further, this thesis focused on the external employer branding of the public health care sector, however, internal perspective of employer branding in the same context have not been studied. Thus, it would be interesting to study the employer brand identity of the sector in order to see if the internal and external brand perceptions are unified. Related to this, it would be useful to study the employer image from the perspective of existing employees, both doctors and nurses. This would also reveal if there are differences between the opinions and valuable employer characteristics of medical professionals and nurses. In addition to, it would be interesting to see if and how the opinions of existing employees differ from the potential employees.

Moreover, as the results of empirical research showed some employers in the public health care sector possess favourable employer image and employer reputation, it would be interesting to study do these organizations have brand management activities. Lastly, the empirical research was executed before the situation with COVID-19 aggravated significantly. As the virus keeps the employees in the health care sector busy, it would be interesting to study if and how the COVID-19 has influenced the employer image of the public health care sector.

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**Appendix 1****Accompanying email message to the survey**

Hyvät lääkisopiskelijat,

Tutkin Pro gradu -tutkielmassani julkisen terveydenhuoltosektorin työnantajamielikuvaa. Mielipiteesi on tärkeä ja pyydän sinua vastaamaan kyselyyn **15.3.2020 mennessä**. Tutkimukseen vastaaminen kestää noin 10 minuuttia.

Kyselyyn pääset tästä

linkistä: <https://link.webpolsurveys.com/S/49DA0C5BC1792458>

Vastaukset käsitellään anonymisti ja tuloksia tullaan käyttämään Pro gradun sekä mahdollisten tieteellisten julkaisuiden kirjoittamisessa. Vastaajien kesken arvotaan leffalippuja Finnkinon elokuvateatteriin. Voit osallistua leffalippujen arvontaan kyselyn lopussa.

Kiitos, että osallistut ja tuet suomalaisen tutkimuksen tekemistä tärkeästä aiheesta!

Mikäli sinulla on jotain kysyttävää tutkimukseen liittyen, voit olla minuun yhteydessä.

Ystävällisin terveisin,

Tiia Jalkanen

Oulun yliopiston kauppakorkeakoulu  
[tiia.jalkanen@student.oulu.fi](mailto:tiia.jalkanen@student.oulu.fi)

**Appendix 2****Survey questionnaire to the medical students**

Tällä kyselyllä tutkitaan julkisen terveydenhuoltosektorin työnantajamielikuvaa. Julkisella terveydenhuoltosektorilla tarkoitetaan julkisilla varoilla tuotettuja terveydenhoitopalveluja Suomessa. Mielipiteesi on tärkeä. Kyselyyn vastaaminen kestää 10 minuuttia. Vastaukset käsitellään anonyymisti ja luottamuksellisesti. Tuloksia tullaan käyttämään pro gradun sekä mahdollisten tieteellisten julkaisuiden kirjoittamisessa.

Perustiedot:

1. Kuinka vanha olet?

2. Mikä on sukupuolesi?

☐ Mies

☐ Nainen

☐ Muu / en halua sanoa

3. Millä vuosikurssilla opiskelet?

☐ 1. vuosikurssi

☐ 2. vuosikurssi

☐ 3. vuosikurssi

☐ 4. vuosikurssi

☐ 5. vuosikurssi

☐ 6. vuosikurssi

☐ 6+ vuosikurssi

4. Oletko työskennellyt terveydenhuoltosektorilla?

- ☐ kyllä, olen työskennellyt julkisella terveydenhuoltosektorilla
- ☐ kyllä, olen työskennellyt yksityisellä terveydenhuoltosektorilla
- ☐ kyllä, olen työskennellyt sekä julkisella että yksityisellä terveydenhuoltosektorilla
- ☐ ei, en ole työskennellyt terveydenhuoltosektorilla

5. Jos vastasit kyllä, kuinka kauan olet työskennellyt terveydenhuoltosektorilla?

- ☐ 0-6 kuukautta
- ☐ 7-12 kuukautta
- ☐ 13-17 kuukautta
- ☐ 18-24 kuukautta
- ☐ 24 + kuukautta

6. Mihin terveydenhuoltoalalle haluat ensisijaisesti erikoistua valmistumisen jälkeen?

- ☐ kirurgian alat
- ☐ muut operatiiviset alat kuten silmätaudit tai korva-, nenä- ja kurkkutaudit
- ☐ sisätautien alat
- ☐ muut konservatiiviset alat kuten fysiatria tai lastentaudit
- ☐ psykiatriset alat
- ☐ diagnostiset alat kuten patologia tai radiologia
- ☐ muut alat kuten yleislääketiede tai työterveyshuolto
- ☐ en tiedä vielä

Varsinainen tutkimus

7. Kuinka tärkeitä seuraavat ominaisuudet ovat sinulle asteikolla 1-5, kun mietit työnantajaa valmistumisen jälkeen?

1. Ei tärkeä lainkaan 2. Ei jokseenkaan tärkeä 3. Neutraali 4. Jokseenkin tärkeä 5. Erittäin tärkeä

Työtehtävät

Palkka ja muut edut

Työilmapiiri

Työkulttuuri ja viestintä

Urakehitysmahdollisuudet

Työtehtävien monipuolisuus

Mahdollisuus kouluttautua ja kehittyä

Työnantajan maine

Mahdollisuus erikoistua

Työnantajan joustavuus

Tasapainoinen työelämä

Työnantajan yhteiskuntavastuu

Potilaat

Mieluiset työajat

8. Miten kuvailisit julkista terveydenhuoltosektoria työnantajana?

9. Ajattele julkista terveydenhuoltosektoria työnantajana. Miten seuraavat ominaisuudet sopivat julkiseen terveydenhuoltosektoriin asteikolla yhdestä viiteen?

1. Ei sovi ollenkaan 2. Ei jokseenkaan sovi 3. Neutraali 4. Sopii jokseenkin 5. Sopii täysin

Hyvä palkka ja työsuhte-edut

Hyvä työilmapiiri

Mielenkiintoiset työtehtävät

Hyvä maine

Positiivinen työkuulttuuri

Sujuva viestintä

Välittää työntekijöistään

Joustava työnantaja

Mahdollisuus erikoistua

Hyvät mahdollisuudet urakehitykseen

Mahdollisuus kouluttautua ja kehittyä työntekijänä

Työn ja arjen tasapainottaminen

Minulle sopivat työajat

10. Ajattele yksityistä terveydenhuoltosektoria työnantajana. Miten seuraavat ominaisuudet sopivat yksityiseen terveydenhuoltosektoriin asteikolla yhdestä viiteen?

1. Ei sovi ollenkaan 2. Ei jokseenkaan sovi 3. Neutraali 4. Sopii jokseenkin 5. Sopii täysin

Hyvä palkka ja työsuhte-edut

Hyvä työilmapiiri

Mielenkiintoiset työtehtävät

Hyvä maine

Positiivinen työkuulttuuri

Sujuva viestintä

Välittää työntekijöistään

Joustava työnantaja

Mahdollisuus erikoistua

Hyvä maine

Hyvät mahdollisuudet urakehitykseen

Mahdollisuus kouluttautua ja kehittyä työntekijänä

Työn ja arjen tasapainottaminen

Minulle sopivat työajat

11. Mitä ajattelet julkisesta terveydenhuoltosektorista työnantajana?

Ei arvostettu 1. 2. 3. 4. 5. Arvostettu

Kilpailukyvytön 1. 2. 3. 4. 5. Kilpailukykyinen

Epäluotettava 1. 2. 3. 4. 5. Luotettava

Vanhanaikainen 1. 2. 3. 4. 5. Uudistuva

Epävarma 1. 2. 3. 4. 5. Varma

Epäluotettava 1. 2. 3. 4. 5. Luotettava

12. Miten kuvailisit julkisen terveydenhuoltosektorin työnantajamainetta?

13. Minkälainen työnantajamaine julkisella terveydenhuoltosektorilla on?

Huono 1. 2. 3. 4. 5. Hyvä

En pidä siitä 1. 2. 3. 4. 5. Pidän siitä

Epämiellyttävä 1. 2. 3. 4. 5. Miellyttävä

Negatiivinen vaikutelma 1. 2. 3. 4. 5. Positiivinen vaikutelma

Kuvittele, että olet valmistumassa lääketieteen lisensiaatiksi ja etsit töitä.

14. Haetko töitä valmistumisesi jälkeen ensisijaisesti julkiselta vai yksityiseltä terveydenhuoltosektorilta?

☐ Julkiselle ☐ Yksityiselle terveydenhuoltosektorille

15. Miksi haluat työllistyä ensisijaisesti kyseiselle terveydenhuoltosektorille?

Kuvittele, että olet erikoistunut haluamallesi terveydenhuoltoalalle.

16. Haluatko työskennellä erikoistumisen jälkeen ensisijaisesti julkisella vai yksityisellä terveydenhuoltosektorilla?

☐ Julkisella ☐ Yksityisellä terveydenhuoltosektorilla

17. Miksi haluat työskennellä erikoistumisen jälkeen ensisijaisesti kyseisellä terveydenhuoltosektorilla?

Kaikkien vastanneiden kesken arvotaan elokuvalippuja Finnkinon. Voit osallistua elokuvalippujen arvontaan jättämällä yhteystietosi. Yhteystietojasi ei käytetä muihin tarkoituksiin.

Nimi:

Puhelinnumero:

Sähköposti:

### Appendix 3

#### Descriptive statistics of the importance of employer attributes

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Tasks	93	3,00	5,00	4,7527	0,45816
Salary & benefits	93	1,00	5,00	3,9140	0,71712
Working atmosphere	93	2,00	5,00	4,6989	0,54742
Working culture & communication	93	2,00	5,00	4,0323	0,78646
Opportunities for career advancement	93	1,00	5,00	3,7957	0,92735
Diversity of tasks	93	1,00	5,00	4,2258	0,75367
Opportunities for education & development	93	2,00	5,00	4,4409	0,72924
Employer reputation	93	1,00	5,00	3,4086	0,92356
Opportunities for specialization	93	2,00	5,00	4,4624	0,71565
Employer flexibility	93	2,00	5,00	4,2581	0,67411
Balanced working life	93	2,00	5,00	4,3226	0,80974
Employer's CSR	93	1,00	5,00	3,5054	1,01750
Patients	93	2,00	5,00	3,8710	0,81061
Convenient working hours	93	2,00	5,00	4,1828	0,84630
Valid N (listwise)	93				

**Appendix 4****Descriptive statistics of the employer attributes affecting the employer image of the public health care sector**

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Good salary & other benefits	93	1,00	5,00	2,9247	0,94681
Good working atmosphere	93	1,00	5,00	3,3333	0,82532
Interesting tasks	93	2,00	5,00	4,1505	0,69072
Good reputation	93	1,00	5,00	2,9677	1,02630
Positive working culture	93	2,00	5,00	3,0968	0,82178
Fluent communication	93	1,00	5,00	2,9892	0,89071
Caring employer	93	1,00	5,00	3,1505	0,88399
Flexible employer	93	1,00	5,00	2,9140	0,95161
Opportunities for specialization	93	3,00	5,00	4,4731	0,66906
Good opportunities for career advancement	93	2,00	5,00	4,0323	0,78646
Opportunities to educate & develop professionally	93	2,00	5,00	3,9247	0,76948
Balanced working & personal life	93	1,00	5,00	3,2366	0,92546
Convenient working hours	93	1,00	5,00	3,4409	0,89031
Valid N (listwise)	93				



## Appendix 5

### The descriptive statistics of the public health care sector's employer image

**Descriptive statistics of employer image of the public health care sector.**

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Respect	93	1,00	5,00	3,37	1,03
Competitiveness	93	1,00	5,00	3,30	0,94
Reliability	93	2,00	5,00	4,19	0,81
Conservativity/modernity	93	1,00	5,00	2,77	0,93
Security	93	1,00	5,00	4,09	0,89
Valid N (listwise)	93				

## Appendix 6

### Pearson's correlation between variables of employer image and working experience

Correlations		Working experience	Employer image
Working experience	Pearson Correlation	1	-,232*
	Sig. (2-tailed)		,025
	N	93	93
Employer image	Pearson Correlation	-,232*	1
	Sig. (2-tailed)	,025	
	N	93	93

\*, Correlation is significant at the 0.05 level (2-tailed).

**Appendix 7****Pearson's correlation coefficient between symbolic attributes, functional attributes, and background variables****Correlations**

		Year of studies	Symbolic sum variable	Functional sum variable
Year of studies	Pearson Correlation	1	,240*	,306**
	Sig. (2-tailed)		,021	,003
	N	93	93	93
Symbolic sum variable	Pearson Correlation	,240*	1	,398**
	Sig. (2-tailed)	,021		,000
	N	93	93	93
Functional sum variable	Pearson Correlation	,306**	,398**	1
	Sig. (2-tailed)	,003	,000	
	N	93	93	93

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

**Correlations**

		Working experience	Symbolic sum variable	Functional sum variable
Working experience	Pearson Correlation	1	-,209*	-,216*
	Sig. (2-tailed)		,045	,038
	N	93	93	93
Symbolic sum variable	Pearson Correlation	-,209*	1	,398**
	Sig. (2-tailed)	,045		,000
	N	93	93	93
Functional sum variable	Pearson Correlation	-,216*	,398**	1
	Sig. (2-tailed)	,038	,000	
	N	93	93	93

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

## Appendix 8

## ANOVA of the symbolic and functional sum variables

## ANOVA in terms of respondents' year of studies

		Sum of Squares	df	Mean Square	F	Sig.
Symbolic sum variable	Between Groups	,867	1	,867	4,145	,045
	Within Groups	19,026	91	,209		
	Total	19,892	92			
Functional sum variable	Between Groups	1,288	1	1,288	4,440	,038
	Within Groups	26,410	91	,290		
	Total	27,699	92			

## ANOVA in terms of respondents' working experience

		Sum of Squares	df	Mean Square	F	Sig.
Symbolic sum variable	Between Groups	,867	1	,867	4,145	,045
	Within Groups	19,026	91	,209		
	Total	19,892	92			
Functional sum variable	Between Groups	1,288	1	1,288	4,440	,038
	Within Groups	26,410	91	,290		
	Total	27,699	92			

## Appendix 9

### Pearson's correlation analysis of employer reputation and background variables

Correlations		Employer reputation	Year of studies
Employer reputation	Pearson Correlation	1	,125
	Sig. (2-tailed)		,232
	N	93	93
Year of studies	Pearson Correlation	,125	1
	Sig. (2-tailed)	,232	
	N	93	93

Correlations		Working experience	Employer reputation
Working experience	Pearson Correlation	1	-,218*
	Sig. (2-tailed)		,036
	N	93	93
Employer reputation	Pearson Correlation	-,218*	1
	Sig. (2-tailed)	,036	
	N	93	93

\*. Correlation is significant at the 0.05 level (2-tailed).

**Appendix 10****Pearson's correlation between employer image, employer reputation, and employer attractiveness**

		<b>Correlations</b>			
		Employer reputation	Employer image	Employer attractiveness after graduation	Employer attractiveness after specialization
Employer reputation	Pearson Correlation	1	,417**	-,031	-,157
	Sig. (2-tailed)		,000	,771	,132
	N	93	93	93	93
Employer image	Pearson Correlation	,417**	1	-,086	-,191
	Sig. (2-tailed)	,000		,412	,066
	N	93	93	93	93
Employer attractiveness after graduation	Pearson Correlation	-,031	-,086	1	,282**
	Sig. (2-tailed)	,771	,412		,006
	N	93	93	93	93
Employer attractiveness after specialization	Pearson Correlation	-,157	-,191	,282**	1
	Sig. (2-tailed)	,132	,066	,006	
	N	93	93	93	93

\*\* . Correlation is significant at the 0.01 level (2-tailed).

## Appendix 11

### Result of ANOVA in terms of employer attractiveness and reputation

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
Employer preference after graduation	Between Groups	,383	2	,192	1,276	,284
	Within Groups	13,509	90	,150		
	Total	13,892	92			
Employer preference after specialization	Between Groups	1,859	2	,930	4,623	,012
	Within Groups	18,098	90	,201		
	Total	19,957	92			

## Appendix 12

**Theoretical concepts and themes of the qualitative content analysis**

<b>Theory</b>	<b>Theme</b>
Employer associations: Functional attributes	Economic benefits Employer flexibility Tasks (e.g. interesting/challenge/diverse) Resources
Employer associations: Symbolic attributes	Working atmosphere Working culture & communication Opportunities to educate and develop professionally Diversity Corporate social responsibility
Employer image: <ul style="list-style-type: none"> <li>- Symbolic and functional attributes</li> <li>- Person-organization fit</li> <li>- Psychological contract</li> <li>- Value congruence</li> </ul>	Aspects of reliability Diversity of tasks & patients Rush & hecticness Shortage of resources Economic benefits Security & stability Conservativity Corporate social responsibility
Employer reputation	Positive <ul style="list-style-type: none"> <li>- Reliability</li> <li>- Word-of-mouth</li> <li>- Diversity</li> <li>- Good overall reputation</li> <li>- Better reputation than in the private sector</li> </ul> Negative <ul style="list-style-type: none"> <li>- Influence of media</li> <li>- Shortage of resources</li> <li>- Rush</li> <li>- Workload</li> <li>- Employer flexibility</li> <li>- Economic benefits</li> </ul> Varying/contradictory <ul style="list-style-type: none"> <li>- Health centers have worse reputation</li> <li>- Variety between employers</li> </ul>
Employer attractiveness	Public sector <ul style="list-style-type: none"> <li>- Medical training and specialization</li> <li>- Interesting and diverse tasks</li> <li>- Opportunities to develop professionally</li> <li>- Support from colleagues</li> <li>- Employer flexibility</li> <li>- Economic benefits</li> <li>- Respect</li> </ul> Private sector <ul style="list-style-type: none"> <li>- Employer flexibility</li> <li>- Economic benefits</li> <li>- Location</li> <li>- Possibility to influence own work e.g. working hours</li> <li>- Respect</li> </ul>
Sector branding	Inconsistency <ul style="list-style-type: none"> <li>- Variety between employers inside the sector</li> </ul> Isomorphism <ul style="list-style-type: none"> <li>- Hierarchy</li> <li>- Reliability</li> </ul>

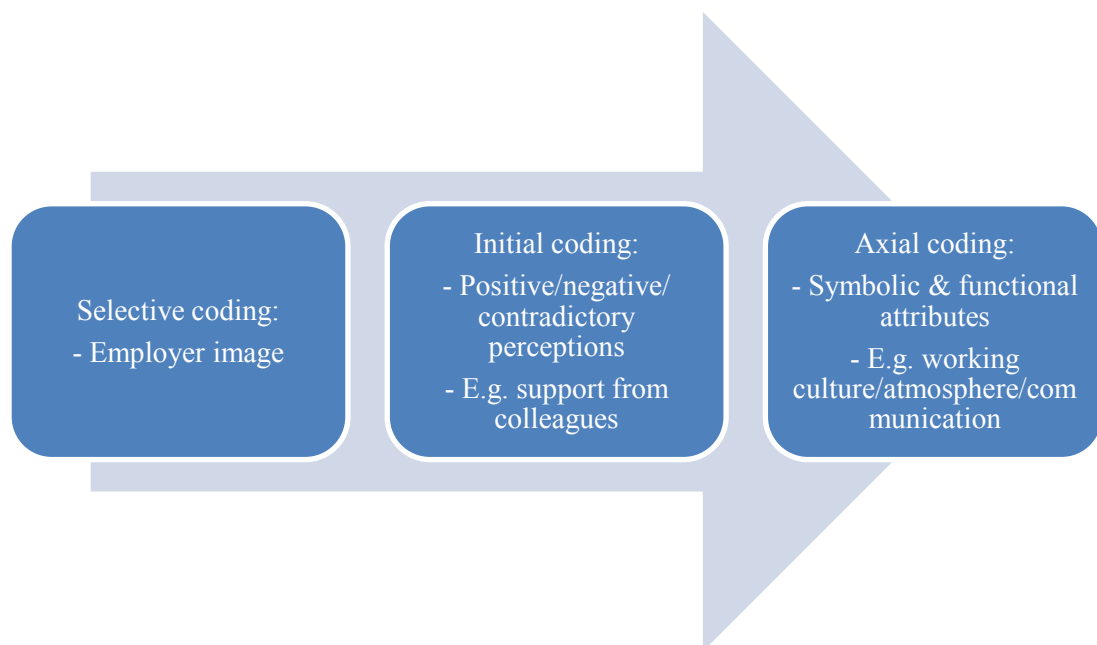


## Appendix 13

### Example of coding process of the qualitative content analysis

Usually the three-step coding process proceed from initial coding to axial coding, and from that to selective coding. However, in this case the phases of coding changed places, as the research method was online survey and all the responses located automatically under each specific main theme. Below is presented an example of the coding process of employer image.

The initial coding included dividing the responses into positive, negative, neutral or contradictory perceptions. In the phase of axial coding, the same perceptions were categorized to employer attributes, and more specifically to functional and symbolic attributes based on the theory. For instance, the respondents emphasized support from colleagues as positive employer attributes. In the phase of axial coding, this attribute was labelled to symbolic attributes, and more specifically it was seen related to three attributes: working culture, working atmosphere, and communication.



## Appendix 14

## Examples of qualitative content analysis methods

Vastaukset	Positive	Attribute	Negative	Attribute	Neutral
<b>vakaa</b>	Vakaa/ varma	7 Symbolinen	Joustamaton	10 Funktionaalinen	Ei aiempaa kokemusta/ ei ta kokemus, jonka perusteella muodostaa mielikuvaa
Hyvin vaihtelevia mahdollisuuksia (kuin uhkiakin) löytyy sektorin sisältä. Yleensä rankempaa kuin yksityisellä, tosin tämänkin hyvin paikkakohtaista.	Luotettava: sopimusasiat, reilu, tasa-arvoinen rehellinen ja tasapuolinen	15 Symbolinen	Vanhanaikainen	Symbolinen	Ei osaa sanoa
Todella hektinen työ, usein joustamaton, ei anna valtuuksia suunnitella omia töitä	Erikoistumismahdollisuudet	Symbolinen	Konservatiivinen	Symbolinen	Ok,
<b>Hidas</b>	Töitä tarjolla	Funktionaalinen	Kiire & hektisyys, resurssipula, kuormittavuus	27 Symbolinen/funktionaalinen	Työnantaja täyttänyt sopimu
Kokemus oli positiivinen. Ilmapiiri oli hyvä ja joustava. Esimiehet kannustavia ja keräsivät toiminnasta palautetta. Palkkaukseen saimme muutaman prosentin bonuksen läänärsopimuksen peruspalkkaan.	Positiivinen mielikuva	Symbolinen			
<b>Kuormittava</b>	Vastuu/ yhteiskuntavastuu	Symbolinen			
<b>Ok</b>	Monipuolinen/mielenkiintoinen	11 Symbolinen	Huompi palkka kuin yksityisellä, palkka ei ole tarpeeksi hyvä suhteessa vastuuseen	5 Funktionaalinen	
Houkutteleva, erikoistumismahdollisuudet ja monipuolisuus kiinnostaa	Seniorituki	5 Symbolinen	Enemmän töitä kuin lääkäreitä	Funktionaalinen	
Joustamaton	Yhteiskuntavastuullinen työnantaja/ tärkeä yhteiskunnan kannalta --> merkittävä työnantaja yhteiskunnan kannalta	12 Symbolinen	Mielikuva säästämisestä ja kiireestä	Symbolinen	
Ruuhkaisu, kiireinen, nuoren lääkärin ohjauksessa parantamisen varaa					
Ei ole tarpeeksi kokemusta					
Riippuu onko esh vai pth.					
Resurssipula näky.					
Sopimusasioissa ei ongelmia eikä tarvitse itsellä pitää huolta työehdoista niinkuin yksityisellä. Työehtosopimus sitoo.	27 positiivista vastausta		20 negatiivista vastausta		12 neutraalia vastausta
Rehellinen ja tasapuolinen.	30 %		22 %		

Employer preference after specialization.nvp - NVivo 12 Plus

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**Codes**

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  - Employer attractive
  - Private sector
  - Public sector
- Sentiment
- Relationships
- Relationship Types

**Cases**

**Notes**

**Search**

Name	Files	References	Created On	Created By	Modified On
Arvostettu työ		1	3.4.2020 11.55	TJ	3.4.2020 11.55
Edut		1	3.4.2020 11.33	TJ	3.4.2020 11.33
Ei pida yksityisestä terveydenhuollosta		1	3.4.2020 11.51	TJ	3.4.2020 11.54
Erikoislääkäri virat		1	3.4.2020 11.28	TJ	3.4.2020 11.45
Haluaa tehdä oman osansa julkisen terveydenhuollon hyväksi		1	3.4.2020 11.16	TJ	3.4.2020 11.48
Haluaa työskennellä sairaalassa		1	3.4.2020 11.25	TJ	3.4.2020 11.52
Haluaa vaikuttaa terveydenhuollon pysymiseen korkeatasoisena		1	3.4.2020 11.37	TJ	3.4.2020 11.37
Ideologiset syyt		1	3.4.2020 11.38	TJ	3.4.2020 11.38
Ison talon edut		1	3.4.2020 11.54	TJ	3.4.2020 11.54
Juridiset syyt ja luotettavuus		1	3.4.2020 11.47	TJ	3.4.2020 11.47
Kolleegatuki		1	3.4.2020 11.32	TJ	3.4.2020 11.56
Mahdollisuudet tutkimus ja opetustyöhön		1	3.4.2020 11.28	TJ	3.4.2020 11.41
Merkitys yhteiskunnan hyvinvointiin		1	3.4.2020 11.32	TJ	3.4.2020 11.55
Mielekäs työ		1	3.4.2020 11.50	TJ	3.4.2020 11.50
Mielenkiintoinen työ ja potilaat		1	3.4.2020 11.23	TJ	3.4.2020 11.56
Monipuolisuus		1	3.4.2020 11.15	TJ	3.4.2020 11.56
Oman osaamisen kehittyminen		1	3.4.2020 11.27	TJ	3.4.2020 11.49
Positiivinen mielikuva erikoisalasta		1	3.4.2020 11.44	TJ	3.4.2020 11.44
Positiivinen wom		1	3.4.2020 11.34	TJ	3.4.2020 11.34
Reilumpi		1	3.4.2020 11.40	TJ	3.4.2020 11.40
Työvoimapula		1	3.4.2020 11.38	TJ	3.4.2020 11.38
Ura- ja koulutusmahdollisuudet		1	3.4.2020 11.40	TJ	3.4.2020 11.53